### MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISHCAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DIVISION

12505

1. PLACE OF DEATH  •. COUNTY  Frederick  Ma		e. STATE		b. COUN			dmission)
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neeres! town)  Brunswick					Frede RURAL end give		n)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street 413 East **A It		d. STREET ADDR.	and the same of th	1	- 2		SIDENCE FARM?
3. NAME OF First Midd (Type or print) Wallie Frank	7 4	Iast	4. DATE OF DEATE	Month	Dey		61
5. SEX Male White widowed Divo		TE OF BIRTH 25-188		AGE (In yeers lest birthdey)	Months Deys		
toe. USUAL OCCUPATION (Give kind of work done during most of working life, exen it refired)  Refire Section (Give kind of work done during most of working life, exen it refired)  Refire Section (Give kind of work done during most of working life, exen it refired)	S OR INDUSTRY 11.		County & State, or	foreign country)	U.S		OUNTRY
13. FATHER'S NAME Charles Ayres	14.	MOTHER'S MAIL		fary Bal			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unkown) (Ifyesgive were detesofservice)			****	Address		and	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), e  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carcinomat  DUE TO	nd (c).]				11	TERVAL BET NSET AND D 2 MON	HTAS
Conditions, if eny, which gave rise to immediate ceuse (e), stelling the underlying ceuse lest.  (b) Carcinoma  DUE TO  (c) Mutiple My		tate				2 yrs	•
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  20e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	SEATH BUT NOT REL	ATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS A PERFO	
	URY OCCURED. (Ente	er neture of injury	y in Pert I or Pert	If of item 18.)			
ZOc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURR While Not While et work et work		F INJURY (Home, treet, office bldg.		ly or fown)	(County)		(Stete)
21. I certify that (I) (this hospital) attended the decessor the deceased alive on	ased from JUJ	th occured a	19.61 10 O AM, Ira	NOV.	0, 19.61, and on the c	that (I) ( late stated	we) las I above
220. SIGNATURE	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		12-	SIGNED
22c. PHYSICIAN'S NAME (Type) C.T. Byron Kao, M.I	)(				Brunswi		
Buria (pocity) 12-2-1961 Broth			Bro	Wingwill	le Mary	land	eta)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  Brunswick, Man					GISTRAR'S SIGNI Iribum S. H		

- North Contract Columns - 1886 S. C.

FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death in your delay is necessary, ple execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 in funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated sent prior to buriel, cremation, or removal, and in any event within 72 hadrs after death.

VS. A15ME 5M 7/59

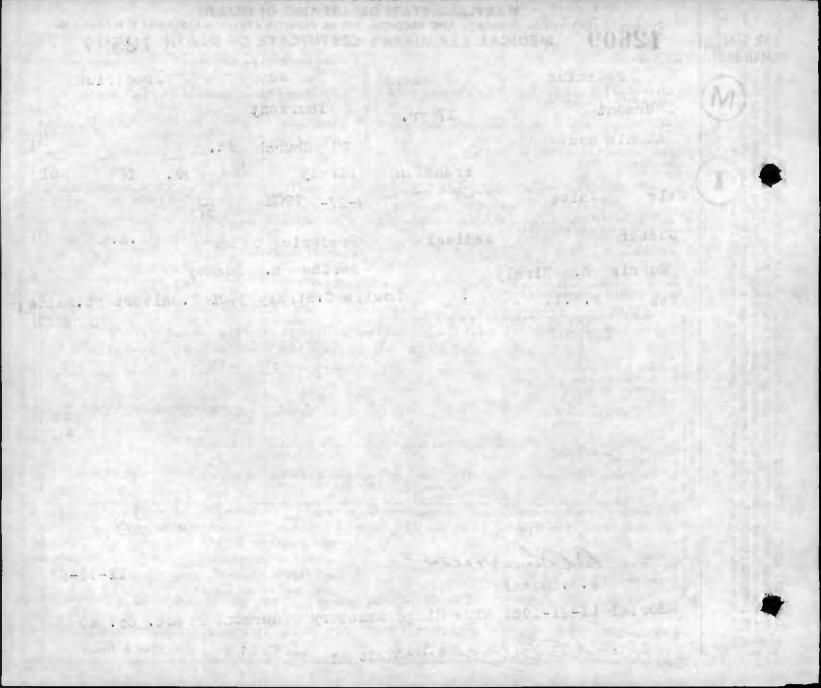
### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12608 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12596

	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence bafora admission)  o. STATE  Maryland  b. COUNTY  Frederick								
An.	write RURAL end	f outside corporeta limit give neerest town) Rural RD#2	is,	c. LENGTH OF ST		c. CITY OR TOW		porete limits, write	e RURAL end g	
	Ball Read	TAL OR INSTITUTION (I	f not in hos	pital, give street edd	ress)	d. STREET ADDRE	1 Road			o. IS RESIDENCE ON A FARM? YES NO L
3.	NAME OF DECEASED (Type or print)	First		NICHOLSO		Last BARTHOLOW	4. DATE OF DEATH	Monti N	evember	2, 19 61
	SEX Female	White	~	NEVER MARRI	_	10 Feb 188		AGE (In yeers last birthdey) yrs.	Months Dey	
		ION (Give kind of work rking lifa, even if retired *	d)	ND OF BUSINESS O	R INDUSTRY	Marylan	_	untry)	12. CITIZEI USA	N OF WHAT COUNTRY?
13.	James Whi	.te		Y		Mary Per				
		ER IN U.S. ARMED FOR fyesgivewerordelesotse		None		· Roberta	M. O'Bry	Address Elk		7, Md.
СЕВПІНСАПОМ	Conditions, if any gave rise to immedia, stelling the uncause last.	ale cause	Arte	rio-scler	rotic	Heart Dise		CONDITION GIV	/EN IN PART 1(a	Years  19. WAS AUTOPSY PERFORMED? YES NO KX
	20a. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING [				nter nature of Injury In				
MEDICAL	Hour a.m.	19	While at work	at work	facto	CE OF INJURY (Home, ry, street, office bidg.,	efc.)		(County)	
2	ACTUAL SIGNATURE	nat I took charge of rom: Natural ca	uses X.	Accident D.	, Suicio	de, Homicie  CHIEF MEDIC.  ASSISTANT A  DEPUTY MEDI  Address (Stree		determined m	EP4	DATE SIGNED
	REMOVAL (Specify) Burial	11-4-61		Mount Oli	vet C	emetery	Freder	non (city, fown	ryland	(Stata)
23	Frank Frank	chison & Se	n Fr	ederick,	Maryl	and	NOV 6 '6		Athur S. H	

THE PROPERTY OF THE PROPERTY OF THE PARTY WAR PARAMETER STATES OF A STATE OF THE STATES OF 4 THIS GLUSS - BLAZED ST. 225456 DE Li Commune SHOT 40 D 01 3.5 5/500-1/505 Martin Trail The distance plants of the state of the BATTLE THE PARTY OF THE PARTY O ARREST CO Manufacture and State Control of the Control DOYL YEAR middle delivers content tender to be being the best to be better The state of the s

1 AB	Division of STATISTICAL RESEARCH AND RECORDS	DEPARTMENT OF HEALTH  5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  5 CERTIFICATE OF DEATH 12597
HEALTH DEPT.	1. PLACE OF DEATH B. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission)  a. STATE  Md  b. COUNTY  Trederick
is neces.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)  Thurmont  17  Thurmont	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)  Thurmons
delay uneral dined for ate Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  At his home  3. NAME OF First Middle	18 Church St.    Street Address   St.
the Strain	(Type or print) M Franklin	Birely   4. DATE Month Day Year OF DEATH NOV. IS 1961  B. DATE OF BIRTH   19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
S, and 3 5 may 5 may d 2 with	Wale White WIDOWED DIVORCED	9-27- I 904   St birthday)   Months   Days   Hours   Min.   RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
hours at ages 1, 2, Page 1, 2 and 1, 2	don Doctor  Medical  13. FATHER'S NAME	Frederick Co MD U.S.A
thin 24 Give P Give P File pag	Morris A. Birely  15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Bertha B. Bushey
acuted will n Item 18. ig with fo iit permit. in any ev	IB. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	1se C.Birely 340I N.Calvert St.Balte
ate should be exe iding" in pencil in ner's Office alon as a burlal-trans or removal, and	322 DUE TO the reaction  Conditions, if any, which gave rise to immediate cause (a), staling the underlying DUE TO	of the two resulted by Synergism resulting in death
is certific ord "per al Exami be used emation,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
NER: The war the west medical should urial, cre	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(Enter nature of Injury in Part I or Part II of Item 18.)
the Chi the Chi ft Page for to b	Hour a.m. While Not While fac	ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
DICAL E certificat arded to RECTOR agent, pri	21. I certify that I took charge of the remains described above, h death resulted from: Natural causes . Accident . Sui	eld an Autopsy, Inspection, Inquiry, and in my opinion cide, Homicide, Undetermined manner
ry MED cute the se forwa LAL DIS gnated a	SIGNATURE BORLONGS  EXAMINER'S ROUTHONS	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TI-18*61
should to Frunce its dest	EXAMINER'S B.O. Thomas  22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF READOUT CASE.  22b. DATE THEREOF Blue Ridge Company of the Property	
YS. A15ME 5M 7/59	23 JUNERAL DIRECTOR ADDRESS Taymond & BreagarThurmon	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
7/1	Tay of the state o	TO MG TONIC



## TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death lags 4 may be retained by the hospital or attending physician. TO WERAL DIRECTOR: After this certificate has been signed by the attending physician and control titled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be before the prior to burial, cremation, or removal, and in any event, within 72 hours afferdath.

15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12610 CERTIFICATE OF DEATH

12598

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institut	tion, Residence before admission)
. COUNTY FREDERICK MARYLAND	a. STATE b. COUNTY	FDFBICK
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN It		AL end give neerest town)
write RURAL and give neerest town	X WEWMARKET	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?     YES    NO    NO
3. NAME OF First Middle	Last 4. DATE Month	Dey Year
(Type or print) FRAME TO P	12 BOASHEADERTH NOV.	8 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years   IF UN	
FEMALE WHITE WIDOWED DIVORCED	DFC 25-1091 (-9 yrs.) Mon	ths Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS	F = - 0 0 10 11 0 1	. CITIZEN OF WHAT COUNTRY?
RFT/RED POST MASTER  3. FATHER'S NAME	CE- MD D	U.S.A.
JUGURTHA WOLFF	PACADEILE MA	KAID E
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.! 17.	INFORMANT Address	00175
(Yes, no, or unkown) (If yes give we ror detes of service)		MI MAD INTTA
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),	RS MONROE FREE-HE	INTERVAL BETWEEN
BART I DEATH WAS CALISED BY	a December	ONSET AND DEATH
IMMEDIATE CAUSE (6) Celouary	vcclusion	Hours
7 ZOIT DUE TO OALO	extens denice	110
Conditions, if any, which gever lise to immediate cause	arry accuse	years
(a), steting the underlying DUE TO		
cause lest, (c)	NOT BELLETIN TO THE TERMINAL PIPEARS CONDITION CIVEN IN	PART ((a)) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
		YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	EED. (Enter neture of injury in Part I or Pert II of item 18.)	
	LACE OF INJURY (Home, farm, 20f. (City or town) actory, street, office bldg., etc.)	(County) (Stete)
Hour s.m. While Not While is work to be twork to be set work to be set with the set work to be set work to be set while the set work to be set with the set work to be set	actory, street, office bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	11/19 1951 to 11/9	1961. that (I) (we) last
saw the deceased alive on 10/.28 1961, and the	## ## ## ## ## ## ## ## ## ## ## ## ##	on the date stated above.
223. SIGNATURE James B. Thomas,	M.D. ATTENDING MED. STAFF PHYS.	1/19/60 SIGNED
22c. PHYSICIAN'S NAME (Typy)	22d, ADDRESS	
238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or	county) (State)
REMOVAL (Specify) NOV 11-1961 MARVING	"HAPEL CEN PLAUENO	FOUR MD
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRA  DATE NOV 1 6 '61 Cullum	AR'S SIGNATURE

SOUTH THE PROPERTY OF THE WINES property of the state of LA LANGE VEN LOS LOS TENTRE SEM Floring S. Roselfort Andrews Albert STATE OF THE PROPERTY OF THE PARTY. The second of th more than the second of the second Children with device The state of the s The state of the s EURINA HAND THE WARRY WE STATE TO THE WARRENCE WAR verdicated transferred that there Tilly and I all I'm

- 1	AN	RYL	AND	STATE	DEP	ARTME	NT	OF	HE/	ALTI	H
0	LAE	CTAT	ICTICAL.	DECEARCH	A NUMBER	DECORDO	n	A I TILL	ARE	1 64	4.03

CERTIFICATE OF DEATH

IE OF DEAL	П		259	Q
2. USUAL RESIDENCE				
D. STATE		b. COUNTY A		

	126	11		CERTIF	CA	TE OF DEATH	MORE 1, MI		25	99		-)
1,	PLACE OF DEATH	lerick		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased (	ived. If institution b. COUNTY	ins Reside	ell	re admissi	on)
	b. CITY OR TOWN (III	f outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o	utside corporo	te limits, write RU	JRAL and	give ned	rest tawn	)
	Frederick	arest town,	· ·	Since 10/31	/61	Mount A	iry	1.0				- 14
	OR INSTITUTION	AL (If not in hospitol, g Memorial H		_		d. STREET ADDRESS		0/	X	-3		FARM?
3.	NAME OF DECEASED (Type or print)	manda	st	Middle	B	perdette	4. DATE OF DEATH	Mont Ne	venb	er 3		9 <b>61</b>
S.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE		B. DATE OF BIRTH	9.	AGE (In years last bushday)	IF UNDE Months		IF UNDE	
	Female	White	WIDOWI	ED 🖍 DIVORCED		6 Jan 1874		87 yrs.	MONTHS	Days	Hours	Min.
10	during most of work  House-N	ing life, even if retired	done 10b.	At Home	! INDUS	TRY 11. 8IRTHPLACE (Stole -	or foreign cau	ntry)		TIZEN OF	WHATC	OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					e .
	Milton	L. Beaeraf	t			Susan R. W	atkins					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	ess			
Ĺ	No			None	Mr	s. Ethel Peel	e, Dama	ascus, M	aryl	and		
	PART I. DEA'  Canditians, if all gove rise to in	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which mediate	4-	pe for (o), (b) and (c).] enebra!	01'	Vemonsh	lage	-			ERVAL BE	
	lying cause last.	the <u>under-</u>	1 4	tedesel.	210	11.06						
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED? NO 🍱
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	), (Enter noture of injury in f	Port I or Part I	l of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Doy, Yes	or 20d. 11 While at wor	Not while		CE OF INJURY (Hame, form tary, street, affice bldg., etc.		ir tawn)		(County)		(Stote)
		ed alive an 3	Lu	led the deceased of the legal o	that de	eath occurred of	M, fram th	STAFF PHYS.	3 N	ov 1	stoled 221	
23	BURIAL, CREMATIO	11-6-61	)F	23c. NAME OF CEME Mount Oli				on (City, town, o			(Stote	e)

24. FUNERAL DIRECTOR'S SIGNATURE Son, Frederick, Maryland

25a. REC'D BY REGISTRAR NOV 6 DATE

25b. REGISTRAR'S SIGNATURE Orthur S. Krone

VR A1S (4) 15M 9/S9

Director! call vinet 14/11/41 emili-Library Division Strawers - Banker - Tokase AND REAL PROPERTY OF THE PARTY \$1.470 Spell to Street Comand the second second second second Manager Committee of the Committee of th - and an est have an As set a analysis, and the second resident second description of the second secon 

funeral within 24 Hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical be executed within 24 flour.

death Page 4 may be retained by the hospital or attending physician.

TO INTERAL DIRECTOR: After this certificate has been signed by the attending physician and co.

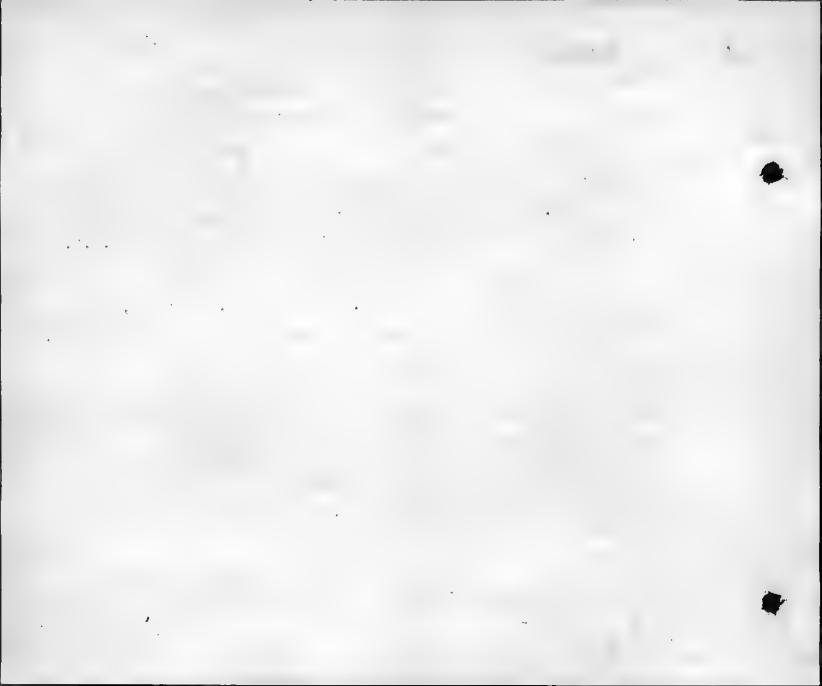
ely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then pleasy remove, carbon papers. Pages 1 and 2 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and if any event, within 72 hours after death.

MARYLAND	STATE	DEPARTMENT OF HEAL	ī
NATIONAL PROPERTY.	21712	BELLERICH AL HISTOR	81

Н DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12666

19019	OEM III IOM I	12007
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission
o. county Frederick	MARYLAND	o. STATE b. COUNTY Tr. derick
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town)
write RURAL end give nearest town)		*
K OXVIIIc	Life	Inaxville IS RES DENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	spitei, give street eddress)	STREET ADDRESS     ON A FARM?
Mountain Read		YES INO
. NAME OF First	Midd e	Last 4, DATE Month Day Yeer
DECEASED (Type or print) Apic	A	DEATH 11 16 1961
. SEX 6. COLOR OR RACE 7. MARRI	ICO TO NICYED MARRIED TO B	DATE OF EIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
7773 779		lest birthdey) Months Deys Hours Mn.
0.7.	- Lund	10-25-1871 90 VB
Os. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. B RTHPLACE (County & State or loreign country) 12. CITIZEN OF WHAT COUNTRY
ousewife	, 0 10	Pryland U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Alfred Guin	39.	Louisa ?
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURTY NO. 17. I	INFORMANT Address
Yes, no, or unkown) (If yes give we rordates of service)	7 ~	22
	1.1	r. Gourge Buther, Knexville, Maryland
18. CAUSE OF DEATH [Inter only one cause per		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	gestive Hear	t Failure3 mon
4241 DUE TO		
Conditions, if any, which \ (b)		
geve rise to immediate couse		
(e), steting the underlying DUE TO		
cause lest. (c)	ANTO BUTUNG TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CO	MIRBUING TO DEATH BUT NO	PERFORMED/_
		YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED	), (Enter neture of injury in Pert I or Pert II of Item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year   20d		ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State)
20c. TIME OF INJURY Month, Dey, Yeer 20d White Hour e.m. 19	lle Not While fact	tory, street, affice bldg., etc.)
		11 6
21. I certify that (I) (this hospital) atter	nded the deceased from.	10 V . 6
saw the deceased alive on	19.01., and that	death occurred at
22e. SIGNATURE		ATTENDING MED. STAFF SIGNE
1 -6-0.7	M J	ATTENDING MED. STAFF ITOV. 18.1961
22c. PHYSICIAN'S		22d. ADDRESS Gum Spring Hollow
NAME (Type) C.T. Byron	Kan M.D.	Brunswick Md.
	1 23c. NAME OF CEMETERY	
REMOVAL (Spec fy)		Knoxvillo, Mar jl m
11 17-170		
24 FT HRAL DIFECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
12, NU Telle runsw	ick, Maryland	DATE NOV 2 2 '61 Ciriling S. Thomas

VR A15 (4) 15M 9/80



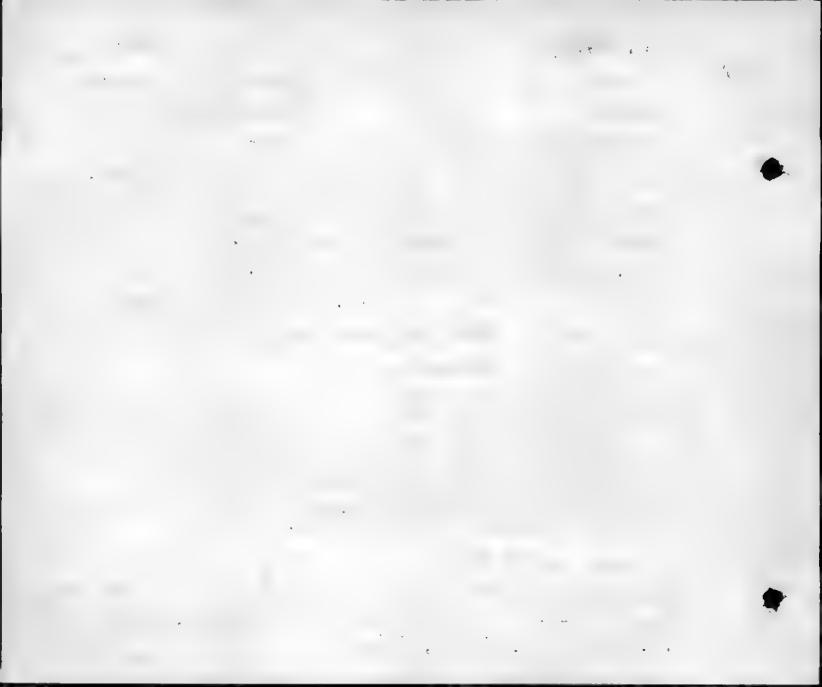
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VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1261.

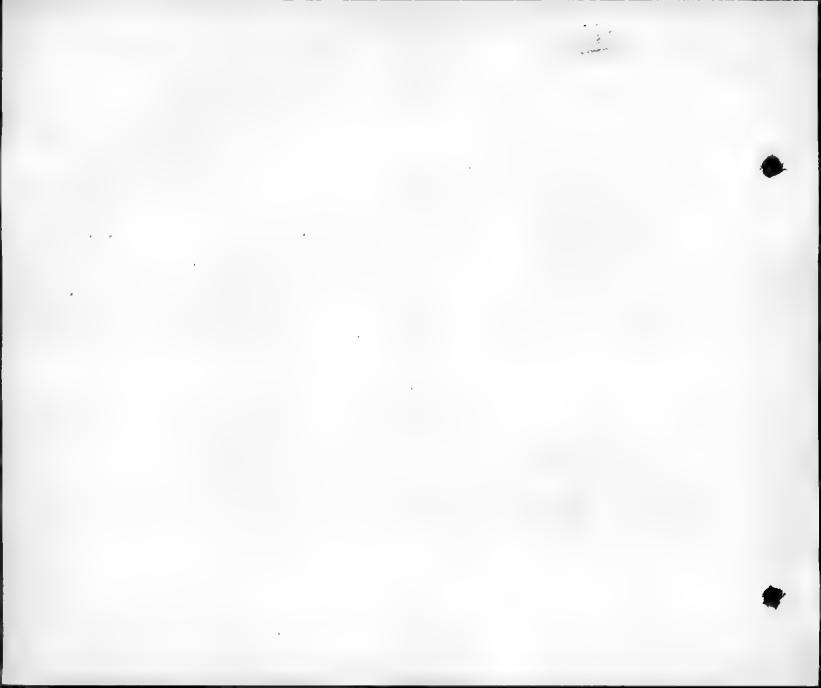
b. COUNTY Frederick  b. CITY OR TOWN (II Quinda composite limits).  c. LENGTH OF STAY IN B.  b. COUNTY Frederick  b. CITY OR TOWN (II Quinda composite limits).  c. LENGTH OF STAY IN B.  Frederick  d. NAME OF POSITIAL OR INSTITUTION (Fere in hospital, give breat addwer)  Frederick  d. NAME OF HOSPITAL OR INSTITUTION (Fere in hospital, give breat addwer)  Frederick  M. Middle  CATHERINE  CARTIE  CASTLE  DATE NOTED ON A FARM  VIS.   DATE NOTED ON A FARM  NOTED ON A FARM  VIS.   DATE NOTED ON A FARM  VIS.	1.	PLACE OF DEATH		The second of th	2. USUAL RESIDENC	E (Where deceased	livad, If institutions R	asidanca bafora ed	Im ssion)
b. CITY OR FOWN (if out-the separate liven)  Frederick  (a. NAME of PROSPITAL OR INSTITUTION (if not in hospital), give aireal add-very)  Frederick  (b. OM iddle Street  (c. CITY OR FOWN (if out-the separate lown)  Frederick  (d. NAME of Bospital or Street lown)  Frederick  Frederick  (e. CATHERINE  CARRIE  CATHERINE  CATHERINE  CARRIE  CARRIE  CATHERINE  CARRIE  CATHERINE  CARRIE  CATHERINE  CARRIE			erick	MARYLAND	a. STATE Maryla	and	b. COUNTY Fred	erick	
Frederick	_			c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If	outsida corporata li			)
d. STREET ADDRESS   S				Life	// 610 M	iddle Str	eet		
Prederick   Memorial Hospital   Frederick   A. DATE   Morth   Day   Vas   November   25, 19 61	_	d. NAME OF HOSPITA	AL OR INSTITUTION (d n	ot in hospital, give street address)			A		
DECRASED (Type or pund)  (Type		Frederick	Memorial Ho	spital	Freder	rick			
CATHERINE CARRIE CASTLE DEATH November 25, 1961.  5. SEX	3.		First	Middle	Last		Month	Day Yaar	~ "1
Temporary   Temp			CATHERI	NE CARRIE	CASTLE		November	25, 196	51.
Decoration of control of the contr	5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH				
Student Student Public School Frederick, Md. USA  Student Stud		Female	White ,	VIDOWED DIVORCED	18 May 1949	12°	Als*   Wouths D	ays Hours	Min.
Student Public School Frederick, Md. USA  13. FATHER'S NAME  Carl C. Castle  13. WAS DECASTD EVER IN U.S. ARMED FORCES?  (78s. no w unknown) [(1/9sep) (1/9sep) (1/9s	10. de	o. JSUAL OCCUPATION And during most of work	ON (Give kind of work	106 KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Court	y & State, or foreign	country) 12. CITI?	LEN OF WHAT CO	UNTRY?
Carl C. Castle  15. WAS DECEASED EVER IN U.S. ARRED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  None  Carl C. Castle (Same as item #2)  16. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, d eny, which gave rise to immediate cause [a), stelling the underlying  (b)  Save rise to immediate cause [a), stelling the underlying of the course last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. [a) 19. WAS AUTOPSY PERFORMEDY  YES NO Z-  ON CONTRIBUTING CAUSE OF DEATH and the deceased from A.  20a. ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Part I or Part II of item 18.)  The first No. NOTIFY ABLICAL EXAMBER IN 19. While alwork alwork alwork alwork and work alwork and work alwork alwork and work alwork alwork and work alwork an		after the first terms of the fir		Public School	Frederick	, Md.	US/	A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  NONE    Carl C. Castle (Same as item #2)   Castle (Same	13.	FATHER'S NAME			1 14. MOTHER'S MAIDEN I	IAME	•		_
Carl C. Castle (Same as item #2)   Record Continued of Part (Enter on y one cause per line for (a), (b), and (c) )   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Place of the part   Conditions, of the part   Conditions, of the part   Conditions, of the part   Conditions     Carl C. Castle (Same as item #2)   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   Place of the part   Conditions   Contributions     Conditions, of any, which gave rise to immediate cause (a), stating the underlying     Conditions, of any, which gave rise to immediate cause (a), stating the underlying     Conditions of the part   Conditions     Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART   Conditions     Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART   Conditions     Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART   Conditions     Part II. OTHER SIGNIFICANT CAUSE OF DEATH     FIRST CONTRIBUTING CAUSE OF DEATH     FIRST CONTRIBUTING CAUSE OF DEATH     FIRST CONTRIBUTING CAUSE OF DEATH     Contributions Contributions Contributions Contributions Contributions     Part II. OTHER SIGNIFICANT CAUSE OF DEATH     FIRST CONTRIBUTING CAUSE OF DEATH     FIRST CONTRIBUTING CAUSE OF DEATH     FIRST CONTRIBUTION CA		Carl C. C	Castle		Elizabeth	C. Mentze	er		
NO. None (Carl C. Castle (Same as item #2)  16. Cause of Death (Enter on y one cause per line for (a), (b), and (c))  PART I. DEATH WAS CAUSE BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, it any, which gave rise to immediate cause (a), stelling the underlying cause list.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PERFORMED.  YE	15 (Y	WAS DECEASED EVE	R IN U.S. ARMED FORCE	87 16. SOCIAL SECURITY NO. 17.	INFORMANT		Address		*
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DUE TO    Course   Last   DUE TO		Conditions, if any,		Pnoumenia				12 mee	Pa
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21. I certify that (I) (this hospital) attended the deceased from 1 / / b, 1961, to 1962, that (I) (we) last saw the deceased alive on 1/25 1961, and that death occured of 5P.M., from the causes and on the date stated above.  226. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 28 Nov 1961. SIGNED  226. ADDRESS DIRECTOR PHYS. 28 Nov 1961. SIGNED  226. ADDRESS DIRECTOR PHYS. (State)  227. MARK (Type) Phys. Date thereof 236. Name of cemetery or crematory 23d. Location (City, town or county) (State)  238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. Name of cemetery or crematory 23d. Location (City, town or county) (State)  REMOVAL (Spacify) 11-29-61 Mount Plivet Cemetery Frederick, Maryland  24. Funeral director's Signature (Maryland) Phys. 25c. Registrar's Signature  M. R. Etchison & Son Frederick, Maryland	CER								
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saw the deceased alive on . # -25	~		at (I) (this bosnital)		11-16- 1	0/1 10 11-	- 25- 10/	2/ that (1) (v	tal (av
226. SIGNATURE  ATTENDING MED. STAFF 28 Nov 1961 SIGNED  22c. PHYSICIAN'S NAME (Typo)  22d. ADDRESS NAME (Typo)  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Spacify)  BURIAL (Spacify)  11-29-61  Mount Olivet Cemetery  M.D. ATTENDING MED. STAFF PHYS. 28 Nov 1961 SIGNED  22d. ADDRESS 22d.									
ATTENDING MED. STAFF 28 Nov 1961. SIGNED PHYS. DIRECTOR PHYS. 28 Nov 1961. SIGNED PHYS. DIRECTOR PHYS. 28 Nov 1961. SIGNED PHYS. DIRECTOR PHYS. CARRETTER SIGNATURE  22d. ADDRESS 22d. ADDR			d alive on	2717 67. , and ma	death occured ons		causes and on n		
22c. PHYSICIAN'S NAME (Typo)  22d. ADDRESS		10	", nan	1.	BLIVE F. D.			lov 1961	SIGNED
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REMOVAL (Specify) Burial  11-29-61  Mount Clivet Cemetery  Frederick, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE  M. R. Etchison & Son Frederick Maryland  Maryland  Maryland		NAME (Typa)	Rox R	Malin	220N.1	MeKeT 1	FREdRAY	K Md	
REMOVAL (Spacify)  Burial  11-29-61  Mount Olivet Cemetery  Frederick, Maryland  24 FURRAL DIRECTOR'S SIGNATURE  M. R. Etchison & Son Frederick Maryland  25. REC'D BY REGISTRAR'S SIGNATURE  M. R. Etchison & Son Frederick Maryland	23	BURIAL, CREMATIO	N. 236. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county	(Ste	te)
24 FUNERAL DIRECTOR'S SIGNATURE CLASSIC CONTROL OF SIGNATURE M. R. Etchison & Son Frederick Maryland		REMOVAL (Spacify)			t Cemetery	Frederic	ck. Marylar	ıd	
M. R. Etchison & Son, Frederick, Maryland		FUNERAL DIRECTOR'S		ul Reservation	25e, REC'				
		M. R. Etch	nison & Son,	Frederick, Maryl	and DATE NO	N 2 9 '61	Chilma 8	Trava	



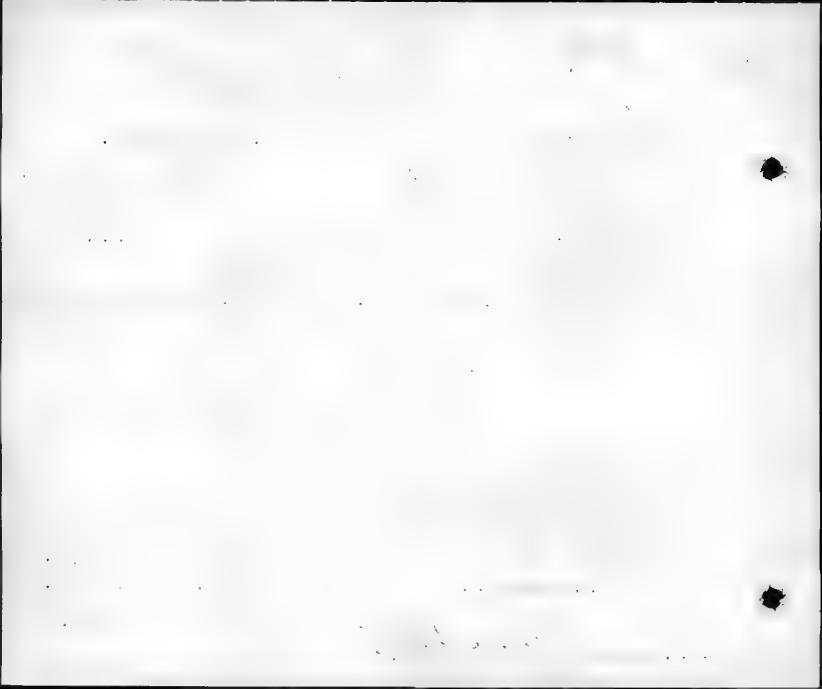
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1. PLACE OF DEA		tens	Z & O F1.1	- 11	USUAL RESIDENCE	~	b. COUNTY	ederic	_	sion)
b. CITY OR TO	ederick WN (If autside carporate lim iye nearest tawn) iddletown	ils, write	6. LENGTH OF STAY	21	Maryl c. city or town ( Rural		rote limits, write RL			n)
d. NAME OF H	ospital (If not in hospital, View Nursi)	give street	oddress)		d. STREET ADDRESS					SIDENCE FARM?
3 NAME OF DECEASED (Type or print)	_	rst D •	Perry	Cob	lentz	4. DATE OF DEATH	Mani 11	. 30		Yeor 61
s. sex male	6. COLOR OR RACE White	7 MARE	RIED NEVER MARRIE	~	1/29/1/96	¥1879	9. AGE (In years lest birthday)	Months Days	AR IF UND Haurs	ER 24 HRS Min
100. USUAL OCCU during most o farm C	PATION (Give kind of work f working life, even if retired VIDET	done 10b.	farm	R INDUSTRY	11. BIRTHPLACE (See Maryla	nd nd	ountry)	12. CITIZEN		COUNTRY
13 FATHER'S NAW Charl	es H. Cobl	entz		14	France		zahn			
15. WAS DECEASE (Yes, no. or unknown)	D EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	Henr	y P. Cob	lentz,	Nidd]	et wn,	lid.	
Canditians, gave rise cause (a), st	ta immediate DUETO	o (Ca)	. A = 1V.	al-V	(ascular) Jerrs ce	Gross	load	1100	NTERVAL B	ETWEEN DEATH
SAT CATE	OTHER SIGNIFICANT CO							EN IN PART I(o)	PERFO	AUTOPSY DRMED? NO
	NT WAS UNDERLYING TO CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY OF							
E Hour	INJURY Manth, Day, Yos, m. 19	While		20e. PLACE factory	OF INJURY (Home, for street, affice bldg.)	erm,   20f. (City etc.)	ar lown)	(Caunt	ly)	(State
	that (I) (this haspite eccased alive an M			that deat	h accurred at/2.	MED	STAFF		te state	
22c. PHYSICIA NAME (T	MGe) /	er H	arp	M D.	22d. ADDRESS	etown,	PHYS □	//	-/-	(s /
23a. BURIAL, CREA REMOVAL (5g	pecify)	of 961	Reformed	41	etery.		rion (city, tawn, o	Md	(Sto	re)
	CTOR'S SIGNATURE	17.5	ADDRESS	118		EC'D BY REGIST		STRAR'S SIGNA		
Gladhi.	ll Company,	1,17	ddletown.	1100	DATE	EC 5 '61	Lever	wor S. These	A.A	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page n by the funeral directand 2 shauld be filed w - Jand may the stained by the hospital or attending physician. **D FUN. At DIRECTOR**: After this certificate has been signed by the attending physician and completely fragge 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages, the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO FUN VR A15 (4) 15M 9/59

director,



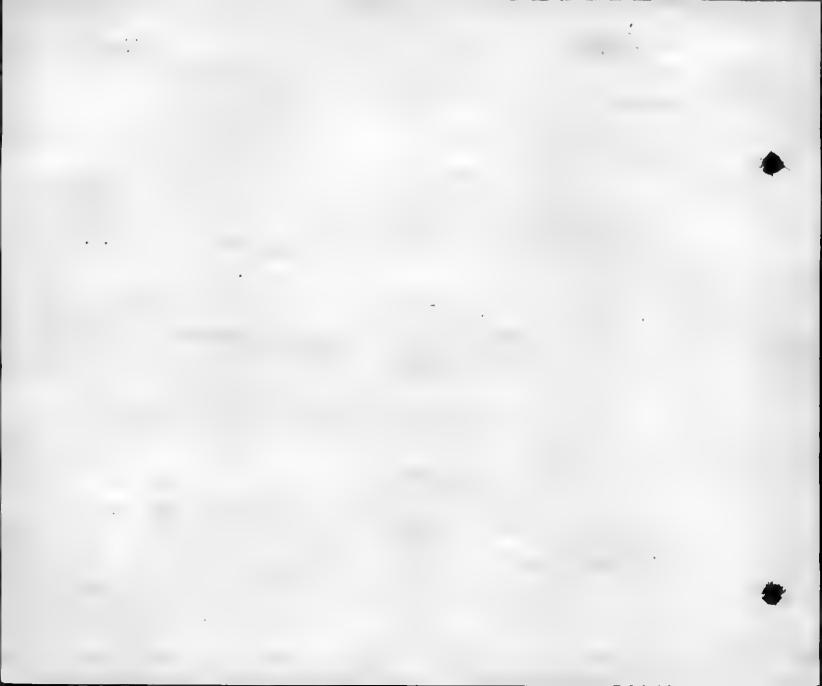
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institutions Residence before edm ssion) PLACE OF DEATH Frederick a. STATE Maryland b. COUNTY Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, Provide BURAL reducive neerest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) G. LENGTH OF STAY IN 16 davs rederick d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 445 Klinharts Frederick Memorial Hospital YES NO NO 3. NAME OF 4. DATE Month DECEASED 1961 29 Elizabeth Dixon Anna DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF JNDER 24 HRS. lest birthdey) Months WIDOWED X 10-6-1899 female negro DIVORCED [ 10e. USJAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State or foreign country) done during most of working life, even if retirad) FrederickCo. Md U.S. A Domestic รีส์ขอดิชต์ ซีลิซตกซี้, การสิตซีลี 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Brooks Blanch V. Price IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Joseph Leaks Rt 4 Frederick, and **公司 1995年** 1995年 |220-34-0652 INTERVAL BETWEEN T 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? NO K 20e. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of nigry in Part I or Pert I of tem 18.) MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) While \_Not While Hour a.m. et work el work 21. I certify that (I) (this hospital) attended the deceased from. 1. 2. -15..., 1957 to 11-29-..., 1961, that (I) (we) last 22b. DATE ATTENDING 22e. SIGNATUR SIGNED DIRECTOR PHYS. 22c. PHYSIC AN'S 22d. ADDRESS NAME (Type 220 North Market St, Frederick - Dr Rex Martin 1 23d. LOCATION (City, town or county) 1 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATIC . | 236. DATE THEREOF REMOVAL (Specify) Della Frederick Co, Md St Pauls Burial 12-1-61 24 FUNERAL DIRECTOR'S SIGNATURE 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS Frederick. Md DATAFC 5 '61 William & Thomas

physici has been signed he burial-trans t certificate ha DIRECTOR ector, death TO FUT

15M 9/60



1.	2	6	1	7	

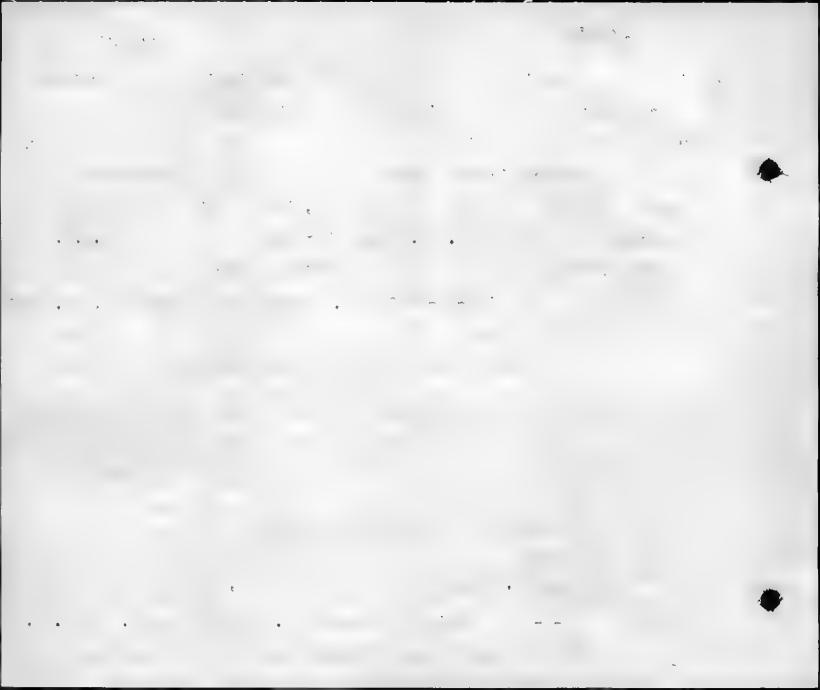
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1.60.	A. 1		CERTIFI	CA	IE OF DEATH			126	05	
1	PLACE OF DEATH a. COUNTY FREDERICK,			MARYL	AND	2. USUAL RESIDENCE (Who d. STATE Maryland			ederic		imission)
	RURAL and give no		ls, write	c. LENGTH OF STAY II		c. CITY OR TOWN (If ou			RURAL and gi	ve nearest	tawn)
L	Frederick			19 Yr		/ Plane No.	4	Route 1			
	OK 11401-1011014	AL (If not in hospital, s			00	d. STREET ADDRESS Mt Airy,	Maryl	and		C	S RESIDENCE ON A FARM?
2	NAME OF	indest Genter		Middle		last	4. DATE	Mo	- 41-		/ear
	(Type or print)			E	7	RUKENMILLER	OF DEATH	No		Day 7	1961
5	SEX	DON				8. DATE OF BIRTH	Death	9. AGE (In years	_	YEARI IF I	JNDER 24 HRS
3.	Male	Cau	WIDOWE	IED NEVER MARRIED		July 22, 19	07	last birthday) 54 yrs			ours Min
10	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (State of		auntry)	12. CITIZ	EN OF WH	AT COUNTRY?
	during most of work Soldier	ing life, even if retired	)	Retired		Atlanta,	Georg	gia		USA	
13	FATHER'S NAME		*			14. MOTHER'S MAIDEN N	AME				
	Donald	E. Druken	mille	r		Mary Erw	ín				
15		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. IN	FORMANT Wife		Ado	dress		
Ĺ	Yes		21	6-01-4968	M	ary Drukenmil	1er	Mt .	Airy, 1	Maryl	and
	IB. CAUSE OF DEA	TH [Enter anly one co		ne for (a), (b), and (c).]						INTERVA	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY: JMMEDIATE CAUSE (c	A	cute myocar	dia	1 infarction				3	days
	DUE TO										
	Conditions, if any, which ) Afterioscierotic neart disease										
	gave rise to immediate couse (a), stating the under DUE TO										
	lying cause lost. (c) Hypertensive cardiovascular disease										
CERTIFICATION	PART II. OTH	ier significant con	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMIN	NAL D SEAS	E CONDITION GI	VEN IN PART	PI	VAS AUTOPSY ERFORMED? S NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c TIME OF INJUR Hour a.m.	Y Manth, Day, Ye	ar 20d. It White at war	Nat while	20e. PL fac	ACE OF INJURY (Hame, farm, stary, street, affice bldg., etc.)	20f (City	ar town)	(Co	ounty)	(State)
	21 I certify that (1) (this haspital) attended the deceased fram 5 Nov. 161 ta 7 Nov. 19 61 that (1) (we) last										
	saw, the deceased alive an 7 Nov. 1961, and that death accurred at 6 AM, from the causes and an the date stated above										
	226. S.GNATORE  ATTENDING  M.D. PHYS.  ATTENDING  MED.  STAFF  7 Nov. 196										
	22c PHYSICIAN'S NAME (Type)										
JGHN J. DENNEHY, Captain, MC USAMU, Fort Detrick, Maryland											
23	23c BURIAL CREMATION, 23b DATE THEREOF  REMOVAL (Specify)  Arlington National Cem.  23d LOCATION (City, lown, or county)  Ft. Myer, Va.										
24	24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRES										

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) . COUNTY a. STATE b. COUNTY Frederick Marvland Frederick MARVIAND c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 weite RURAL and give nearest town) Minutes Thurmont l פיינויז .⊑ <u>⊤</u> 8 a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) d. STREET ADDRESS ON A FARM? Frederick Memorial Hospital RD YES NO IN NAME OF Tast 4. DATE Month Year DECEASED Charles Walter Fuss November DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years ) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH and ast\_birthday) Months 1898 white ma le WIDOWED 🕝 DIVORCED 10m, USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. West. Md. Rlwy Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 attending Miller Emanuel Rosie Pile 콥 Than 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) (If yes give war or dales of service) TOVAL Thurmont, Md. Mrs. Carroll Cool 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN 2 ONSET AND DEATH PAR" . DEATH WAS CAUSED BY: and der paudi IMMEDIATE CAUSE (a) Heart disease, anterioscleratic type gave rise to immediate cause **DUE TO** (a), stating the underlying has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY certificate PERFORMED? 0 NO ■Se prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH P etached 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. al work at work DIRECTOR 19 (..., that (I) (we) last 21. I certify that (I) (this hospital), attended the deceased from. 19.0. and that death occured at AM, from the causes and on the date stated above saw the deceased alive on.... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. RAL 22d. ADDRESS 22c. PHYSICIANS 5 NAME Thurmont, Maryland James 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) £ & Thurmont, Md. United Brethern Cem. 0 ZBa. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Carried S. Tiraus DANOV 8

MARYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

at a	26	11
- 1	100	
- 6	A-11 1	1 / /

1. PLACE OF DEATH	to device	<u>'</u>	MARYLAND	2. USUAL RESIDENCE (	Where deceased liv	ed If institution. I b. COUNTY	Res dence before	admissian)
b. CITY OR TOWN (IF RURAL and give need	autside corporate limits	, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (		Irmits, write RURA	l and give reare	it town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not an hospital, giv	wells ve street oddress)	To grs	d. STREET ADDRESS	erssell			IS RESIDENCE ON A FARM? (ES NO P
3. NAME OF DECEASED (Type or print)	First Du		Middle	CREEN	4. DATE OF DEATH	Month	Day 3	Yeor 1961
S. SEX	1 2 5	_	IEVER MAKRIED	8. DATE OF BIRTH	19.		UNDER 1 YEAR IF	
100. USUAL OCCUPATIO	N (Give kind of wark de	one 10b. KIND OF	BUSINESS OR INDU	SEPT. 6 STRY 1 BIRTHPLACE (SIG	te ar tareign count	ry) yrs.	12 CITIZEN OF W	HAT COUNTRY?
Heren 13. FATHER'S NAME	al work	Glade	V. Willing	Ce Marc	yland		W. S.	A
3ach a	rins Fr	een	0	amande	a Ellen	Brow	un	
15. VAS DECEASED EVER	IN U. S. ARMED FORCE If yes, give war or dates of ser		1 - 1426 7	NFORMANT	400 A E	Address	burs.	ned
	TH [Enter only one cou	se per line for (a)	(b), and (c)-]	a cay	many .		MNTER	AL BETWEEN
(1)×	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO							
Conditions, if an	nmediote (	then	- fyiting	gentine us	then 5	Moune	~ '	cet. time
couse (a), stating t lying cause last.	(c)	Bury	1. Kenyari	in hand	A.			1 1
PART II OTH	ER SIGNIFICANT COND	OFTIONS CONTRIBL	STING TO DEATH BU	I NOT RELATED TO THE TE	rminal Disease Co	ONDITION GIVEN		WAS AUTOPSY PERFORMED? 'ES NO
TO RESTHER, NOTIFY	☐ CAUSE OF DEATH	20b. DESCRIBE HO	W INJURY OCCURR	D (Enter nature of injury	in Port I or Part II	af item 18.)		
20c. TIME OF INJURY Hour a. m.	Month, Doy, Year	While _ No	CCURRED 20e. Pl	ACE OF INJURY (Home, for ctory, street, affice bldg.,	orm, 20f. (City or etc.)	town)	(County)	(State)
21 I certify tha	t (l) (this haspital)	attended the	deceased fram.	Linkson.	19.6.1 , ta	a Auto	. 19. i	(I) (we) last
saw the deceas	ed alive an2	12 19	ے۔ اِ and that	death accurred at &	M, fram the	e causes and a	on the date s	tated abave. 22b DATE
1.w	in their	417		M. D. ATTENDING PHYS.	MED DIRECTOR [	STAFF PHYS.	4	SIGNED
22c. PHYSICIAN'S NAME (Type)	JAMES E	STON	FR; Ju.	22d. ADDRESS	2/2 2/11			
23a BURIAL, CREMATION REMOVAL (Specify)	236. DATE THEREOF	6/ 23c. No	HORE	Cemetery	23d LOCATION	Asboro	aunty)	(Stote)
24 FUNERAL DIRECTOR'S	S SIGNATURE /	1070	ROS A MILL	100 M . DATE	EC'D BY REGISTRAI	25b. REGISTRA	ar's signature	
		- William			JV 7 '61-	Circlosy	S. Time	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 12620 Reg. Dist. No. 1000 with director. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) o. COUNTY **b.** COUNTY P Maryland Frederick MARYLAND b. CITY OR TOWN IIf outside corporate limits, write funeral E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Burkittsville the fund Burkittsville d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 YES NO NAME OF First Middle Lost 4. DATE Month Day Year DECEASED 196] DEATH (Type or print) Pauline  $-C_{\bullet}$ Guyton 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED FT NEVER MARRIED TT Jest birthdoy) Months Days female DIVORCED I WIDOWED I 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland housewife own home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lovetta Mullendore J. Samuel Zecher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Guyton, Burkittsville, Md. none no INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** 3 Conditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES TO NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not while at work of wark  $\mathcal{G}_{-}$ , 1962, that I last saw the deceased 21. I certify that I aftended the deceased from death occurred at/7 M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE blued PHYSICIAN'S NAME (Type) Dr. Talbott Jefferson. 220. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)

easant View Ch

Company, Middletown,

(Stote)

Frederick Co

246. REGISTRAR'S SIGNATURE

240, REC'D BY REGISTRAR

DATE

10

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

buria

hours ofter death.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec. Id within 24 hours arredded?

JO FO. ZRAL DIRECTOR: After this certificate has been signed by the attending physician and com. By filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon per rs. Pages 1 and 2 should be filled in the please remove carbon per rs. Pages 1 and 2 should be filled by the site permit. Then please remove carbon per rs. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 10 hours after death.

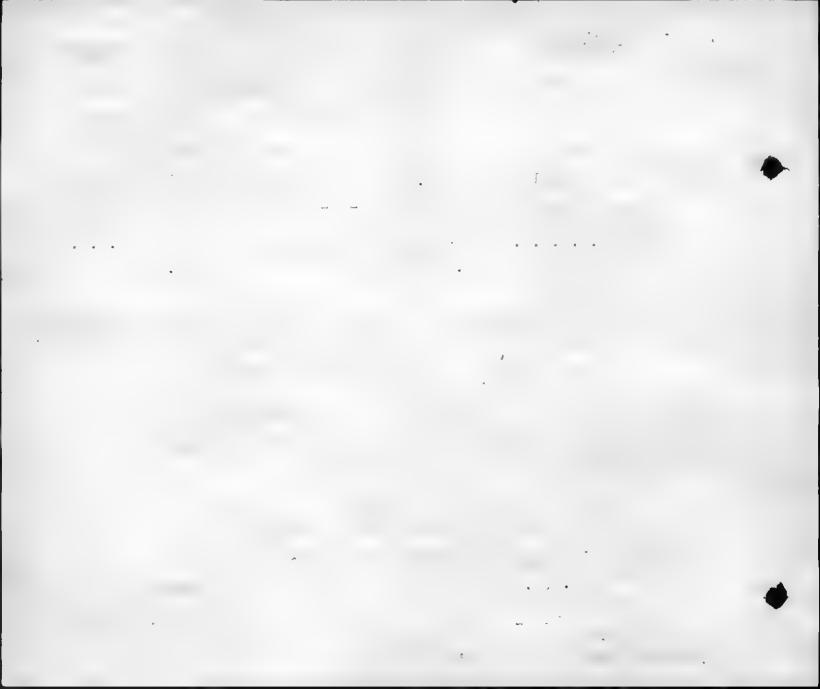
VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12621 CERTIFICATE OF DEATH

10000

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission								
a. COUNTY Frederick MARYLAND	e. STATE b. COUNTY								
	Maryland Frederick								
b. CITY OR TOWN (if outside corporete l,mits, e. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)								
Brunswick Life	Brunswick								
	d. STREET ADDRESS								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straet eddress)	ON A FARM?								
207 East "N" Street	207 East M Is Street YES NO								
3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Day Yeer								
(Type or print)	DEATH								
MTTTT OF									
T. WORKS TO MORNIED									
Male White WIDOWED DIVORCED	11-20-1882 To Months Days Hours Min.								
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST									
done during most of working life, even if retired)	RY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY								
Retired B. & O. R. R. Engineer	Maryland U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Christopher C. Hanes									
Our To ochwor. O Tierrop	Mary C. Myors								
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17.	INFORMANT								
[Yes, no, or unkown)   (Ifyesgive were rdetes of service)									
18. CAUSE OF DEATH [Enter only one cause per ine be (a), (b), and (c) ]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
IMMEDIATE CAUSE (o)	Comment Marie 7 - Bloom								
3 3 X DUE TO A	1 1 0								
Contract to the second									
Conditions, if eny, which gave rise to immediate cause									
(a), stelling the underlying DUE TO									
cause lest. (c)									
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES TO NO TO								
20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING ☐ CAUSE OF DEATH ☐ (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of Itam 18.)								
(IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c, TIME OF INJURY Month, Day, Year , 20d, INJURY OCCURRED , 20e, PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stefa)								
Hour m.m. While Not While	tlory, street, office bldg., etc.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL. While Not While fac p.m. 19 et work at work									
	11-33 - 41 1/224 40 1 4 40 1								
21. I certify that (I) (this hospital) attended the deceased from.									
saw the deceased alive on	t death occured a high, from the causes and on the date stated above								
226. SIGNATURE	22b. DATE								
The state of the s	ATTENDINGMEDSTAFFSIGNE								
1 36000 11	A.D. PHYS. DIRECTOR PHYS.								
22c. PHYSICIAN'S	22d. ADDRESS								
NAME (Type) Dr.C.E. Pruitt	Brunswick, Maryland								
230. BURIAL, CREMATION /236. DATE THEREOF 23c. NAME OF CEMETERY									
REMOVAL (Specify) 11-29-1961 Mountain I	Skarpsburg, Maryland								
7 7 701 1000100111									
24 HASERAL DIRECTORS SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
12 km + 110 Brunswick, Maryland	DATE NOV 2 7 '61 when S. House								
TOT THE TALKET									



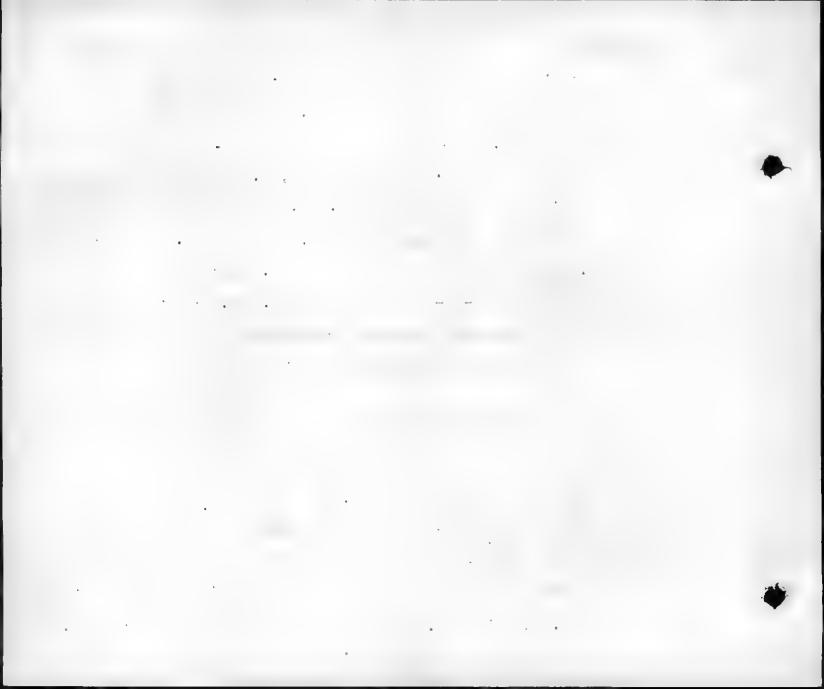
226 DATE SIGNED

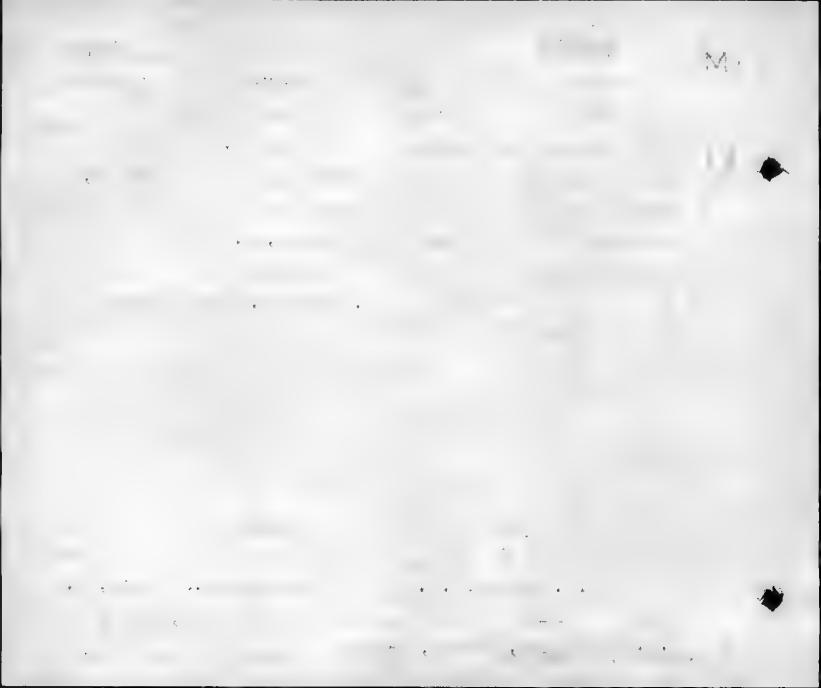
DATE NOV 2 7 '61

1	12622	CERTIFICA	TE OF DEATH	1	264.0					
	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived 1f institution. Residence before admission)							
	Frederick	MARYLAND	o. STATE Marvland	6 COUNTY Carro	7					
	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con							
	RURAL ond give negrest town) Frederick	7 days	Mt. Airy	/.	1 × 2					
7	d. NAME OF HOSPITAL (IF not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
£	Frederick Mem.	Hospital	13 Park Av	re.	YES NO					
	3 NAME OF . First	Middle	Lost 4. DATE		Day Year					
	(Type or print) Archie	0. H	ansbenger St DEAT	H NOV	23 1961					
	5. SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8 DATE OF BIRTH		1 YEAR IF UNDER 24 HRS					
	Male White WIDOW	ED DIVORCED	Nov. 20, 1908	last birthday) Months	Days Hours Min					
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of warking life, even if relired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	country) 12.CIT	IZEN OF WHAT COUNTRY?					
	Green house worker	Florust	Mt. Jackso	n. Va.	USA					
	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
	John S. Hansberge	er :	Mary E. Fr	've						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address						
	No 214-28-0295 Mrs Mary E. Hansberger. Item 2									
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (o), (b), and (c) ]			INTERVAL BETWEEN					
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		ONSET AND DEATH							
	1-2 O DUE TO	-4-	1							
	Conditions, if ony, which ) (b) ar	leviseled	- Hent Din	tiza.	6-8 mo.					
	gave rise to immediate DUETO									
	lying couse last, (c)									
,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY									
ŕ	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AJTOPSY PERFORMED? YES \( \sum \) NO \( \sum \)									
	20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)									
	20a. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
			ACE OF INJURY (Home, form, 20f (C	lity or town) (	County) (Stote)					
	Hour o.m. While of wer	IAUI MILIE	tary, street, office bldg., etc.)							
	21. I certify that (I) (this haspital) attend	ded the deceased from	11/17/ 10/0/ 10	11/23, 196	of that (I) (					
	saw the deceased alive an 11/2									
	220 SCHATURE 226 DATE									
	Henry V. Ch	22-	M. D. PHYS. DIRECTOR I	STAFF PHYS.	11/2 3/6/					
	22d ADDRESS									
	NAME (Type) Henry V. Chase 4E. Church St Frederick, Ma									
	30 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Sigle)									
	Burial Nov.27.1961	St. Micha	מבום ד	onlar Spring	a Md.					
1	24 FONERAL DIRECTORS SIGNATURE	ADDRESS	25g REC'D BY REG							
	Otin L. Wolesunth	Damascus,	Md. DATE NOV 2 7	161 cursus X.	The wa					

by the funeral director, ad 2 should be filed with To HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be axecuted within 24 hours after death. Page A Poges chined by the hospital or attending physician.

It DIRECTOR: After this certificate has been signed by the attending physician and completely facility and delaced for use as the burial-transit permit. Then please remove carbon papers. Page or removal, and in any event, within 72 hours ofter deal cremotion, page 3'should be detoched for use os the the Stote Board of Health prior to burial, TO FUN VR A15 (4) 15M 9/59





# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death sage 4 may be retained by the hospital or attending physician. Yellow the sage 4 may be retained by the hospital or attending physician. Yellow the sage 3 hould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-thauld be filed with the State Dept. of Health prior to burial, memation, or remover-add in any event, within 72 hours after depth.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I'vad, If institutions Residence before edmission)				
	a. COUNTY Frederick MARYLAND	*. STATE Maryland b. COUNTY Frederick				
	b. CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 16	c. CTY OR TOWN (foutside corporate mits, write RURAL and give nearest town)				
	Frederick 40 Years	// Frederick				
170	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tall give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?				
17	Frederick Memorial Hospital	459 West South Street YES NO 1				
3.	NAME OF First Middle DECEASED	Lesi 4. DATE Month Day Year				
	(Type or print) HUBERT LENTS	IOFFMAN DEATH November 3, 1961				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.				
1	ale   Waite   WIDOWED   DIYORCED	June 1894 67 yrs. Months Days Hours Min.				
701 do	. USJAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUST: ne during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Re	tired-Custodian U. S. Post Office	Braddock, Md. USA				
13.	FATHER'S NAME	14. MOTHER'S MA DEN NAME				
I	oger Hoffman	Macy Ricketts				
	WAS DECEASED EVER N U.S ARMED FORCES? 1 16 SOCIAL SECURITY NO. 17. s. no, or unkown)   (Ifyasgivewarordatasofsarvice)					
`	Yes WW I Nene Mr	's. Ethel M. Hoffman (Same as item #2)				
	18. CAUSE OF DEATH (Enter only one cause per line for (a) ,b), and (c) j	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ocardial in action 30 hours				
	4201/ DUE TO					
	Conditions, if any, which (b) Covering T	how bosis 30 hours				
	gave rise to immediate cause DUE TO					
		Le rom				
N N	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,6  19. WAS AUTOPSY PERFORMED				
13		YES NO 🔼				
CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH	D. (Entar natura of injury 'n Part I or Part II of Itam 18.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	The second secon				
MEDICAL	Hour a.m. While Not While fac	ACE OF INJURY (Homa, farm. 2Df. (City or lown) (County) (Stata) tory, streat, office bldg., etc.)				
×	p.m. 19 at work at work					
	21.   certify that (I) (this hospital) attended the deceased from.					
		death occured 2.20AM, from the causes and on the date stated above.				
	226. SIGNATURE 000	ATTENDING MED. STAFF 3 Nev 1961 SIGNED				
	22c. PHYSICIAN'S	A.D. PHYS. AM DIRECTOR PHYS. 3 NOV 1901				
	NAME (Type) L. R. Schoolman, N. D.	810 Toll House Ave., Frederick, Md.				
22	BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY					
E	REMOVAL (Specify) 11-7-61 Mount Olivet					
	22 FINNEPAL DIRECTOR'S SIGNATURE ADDRESS 25a REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE					
	Marke Etchison & Son, Frederick, Maryland DATE NOV 6 '61 Onther S. Thomas					
-	- Allen Miller Allend Allend Allend					

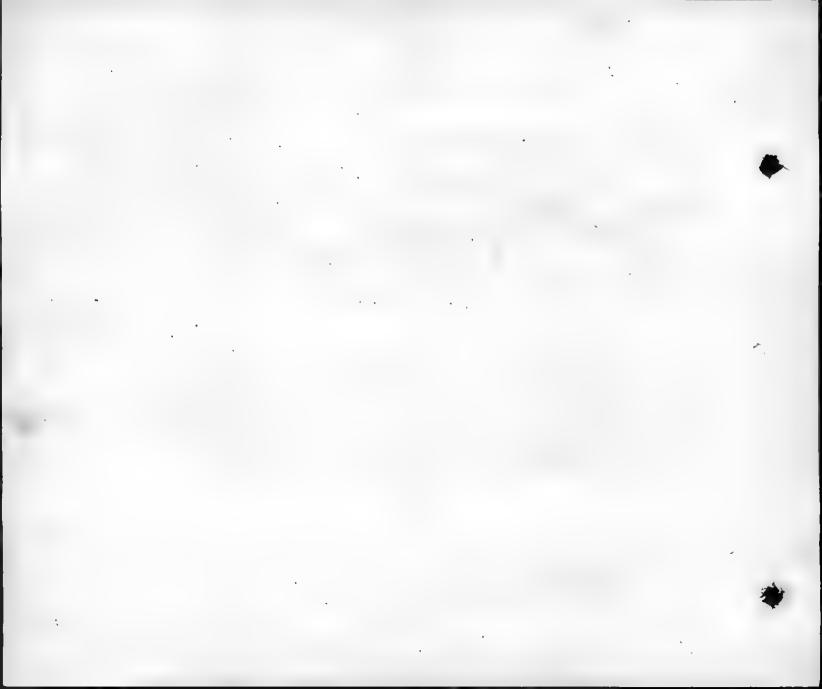
VR A15 (4) 15M 9/59

## 12625

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

•	SIMISHOUR KESTINGH	7110	MEGOKE		DOPLI
	CERTIFICA	ATE	OF	DE/	HT/

	CERTIFICA	ATE OF DEATH	
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before adm	ARION)
	a. COUNTY Frederick MARYLAND	a STATE Lage /	6
V	b. CITY OR TOWN (If, outside corporate limits, write RURAL and give pearest town)	c. CITY OR TOWN (If autside parpargté limits, prite RURAL and give nearest to	wn]
Л	Frederick)	Rural - Stypisville & X	\$ " W W
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  OR INSTITUTION	d. STREET ADDRESS	ESIDENCE A FARMP
150	Frederick Missorial Hospital		□ NO E
1	3. NAME OF DECEASED A First Middle	Lost 4. DATE Month Day	Year
4	(Type or print) AUSTIN B. OCT	HNSON DEATH TOOL 10	1961
	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED		
	mall white WIDOWED DIVORCED	June 6, 1924 3 7 yrs Months Days Hour	s Min.
	during most of working the even if relired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country)	COUNTRY?
	( acouses) successing 140	mus) / la, d. Di	7.
1	13. FATHER'S DIMME	14 MOTHER'S MAIDEN NAME	
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 117.	INFORMANT	
	(Yes. no, or unknown) (If yes, give were or dates of setting) 2/8-12-0536	Mes Clara Johnson - abo	we_
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL	
	PART I DEATH WAS CAUSED BY: MANAGER Cores	brel Gementose Maderian ONSET AN	D DEATH
	DUE TO	To product the	
	Canditions, if any, which ) by byfurtingur,	home Tracing and lade 196	50
	gave rise to immediate	poruviere enceprising.	2
	couse (o), stoling the under:  lying couse lost.	ist 19.	1.1
	10	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WA	- /
	O STATE OF S	PERI	FORMED?
	20 ACCIDENT WAS INDEPENDED TO 120 DESCRIPE HOW INHURN OCCURE	RRED. (Enter nature of injury in Part I ar Part II of item 18.)	NO 🗆
	G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KKED. (Enter nature of injury in rati) in rati it of ment to.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form, 20f (City or town) (County)	(Stote)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P While Nat while of work at work	foctary, street, affice bldg., etc.)	
	21. I certify that (I) (this haspital) attended the deceased from	n 19 60 19 10 19 61 19 that (1)	from Land
		t death accurred at 2. P.M., from the causes and an the date state	
	220 S GNATURE		22b. DATE
	Strongel & Wall'	M.D. PHYS. DIRECTOR D	SIGNED
	22c PHYSICIAN'S	22d. ADDRESS	1 hall
	NAME (Type) HOWARD E. HALL	Alusville, mid	170770
	230. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY	PR CREMATORY 23d LOCATION (City, town, or county) ( 5	tate) /
	Bureal 11-13-61 Fireles	ou Eldersoner, Carroll le.	my.
	24 FUNTERAL DIRECTOR'S SIGNATURE C ADDRESS . //	250. REC'D BY REGISTRAR 25 REGISTRAR'S SIGNATURE	t
1	Julier IV. Haight Syskisvelle,	Md. DATE NOV 15 61 Circling S. France	
5/			



DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12626 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY m. STATE by the and 2 death. MARYLAND Frederick Frederick b. CITY OR TOWN (if outs da corporete imits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete flm ts, write RURAL and give neerest town) write RURAL and give nearest town) Life Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital YES NO 216 Washington Street M'ddle 4. DATE DECEASED OF (Type or print) DEATH 19 61 CHARLES SMITTH November 6. COLOR OR RACE 17. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. B DATE OF BRITE last birthdey) Months and Davs Hours WIDOWED [ DIVORCED January 188h Male 10. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Plumbing Business Marvland Retired Plumber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Himburg George Keefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT a Address (Yes, no, or unkown) ! (Ifyes give wer or deles of service) 216 Washington St. Fred 218-30-9567 Mrs. Jessie A. Keefer 18. CAUSE OF DEATH [Inter only one cause per I ne for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH Broncho souse carcinoma PART I. DEATH WAS CAUSED BY: 3 days or attending physic thas been signed to he burial-transit per IMMEDIATE CAUSE (e) DUE TO 5 Mouther (b) geve rise to immediate cause **DUE TO** (e), sleting the underlying certificate ha PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 80 1 Deabeter Mellitur Mertens ion NO -200. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED Enter neture of injury in Pert I or Pert II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work Mrv 29 1961, and that death occurred at 11:05.46m the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. November 30, 1961 PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) L. R. Schoolman M. D. 810 Toll House Avenue, Frederick, Md. 236. BUR.AL, CREMATION, 236. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, fown or county) (State) director be file REMOVAL (Specify) Q Buria Mount Olivet Cemetery Maryland Frederick 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS. VR A15 (4) DEC 4 R. Etchison and Son, Frederick, Maryland 15M 9/60 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12615 funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY STATE Frederick MARYLAND Frederick b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give neerest town) days .57 Frederick Frederick Pages filled e, IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO Taney Apts Frederick Memorial Hospital 3. NAME OF 4. DATE Middle DECEASED NEWTON RICHARD KEFAUVER. SR. DEATH November 61 (Type or print) 19 COM carbon 16. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdeyl July 3, 1877 White Male DIVORCED T WIDOWED X IDa. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (County & State, or fore gn country) 1 12. CITIZEN OF WHAT COUNTRY? гетоув done during most of working life, even if retired) USA Custodian School Board Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Toma Richard Kefauver 410h East 5th Street 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (If yes give we ror detes of service) Mrs. Ruth K. Brightwell, Frederick, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] ONSET AND DEATH E erebres Throm bosis PART I. DEATH WAS CAUSED BY: 2 Day IMMEDIATE CAUSE (e) physic igned as been signe burial-transit DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying certificate ha PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0), 19. WAS AUTOPSY PERFORMED? 8 0 NO A 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) POL 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ቪ 호 After this detached for IIF EITHER, NOTIFY MEDICAL EXAMINER (Stete) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While retained at work 81 work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from June 1960, to 1960, to 1960, that (I) (we) last ATTENDING 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) h West 3rd Street, Frederick, Maryland Thomas E. Stone M. D. 236. BURIAL, CREMATION, | 236. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 는 H REMOVAL (Specify) 0.58 Middletown Marvland Reformed Cemetery Burial 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) M. R. Etchison and Son, Frederick, Maryland 15M 9/60 DATE NOV 3 0 '61 - Outling & House



TO FUN

VR A1S (4) 15M 9/S9

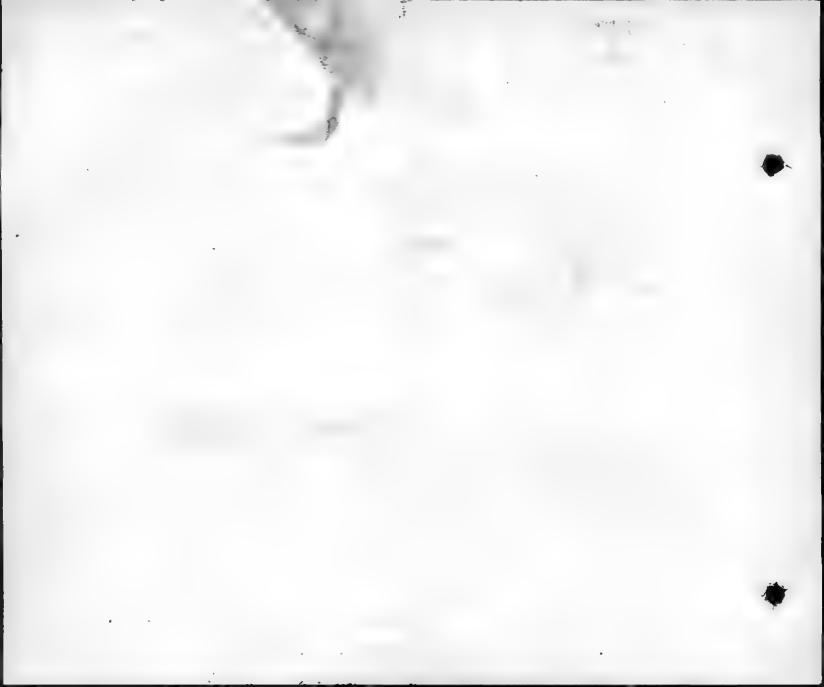
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

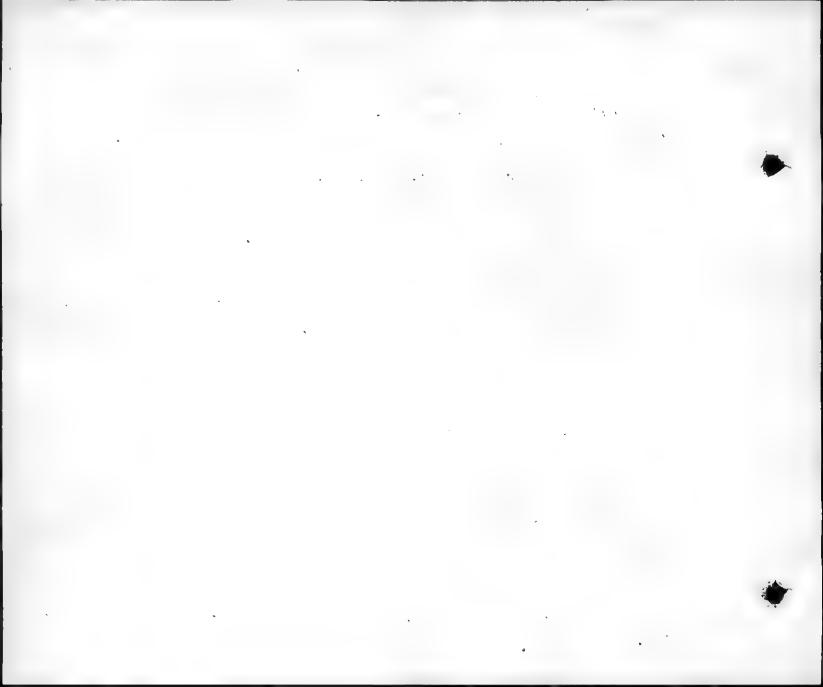
CERTIFICATE OF DEATH

12616

NE.		n
	DEACE OF DEATH  a. COUNTY  FIZ defic  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest laws).	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
1	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION, Frederick Memorial	d. STREET ADDRESS  o IS RESIDENCE ON A FARM? YES \( \) NO \( \)
	NAME OF DECEASED (Type or print) RICHALD MRUFICE	Kohn DEATH NOV 19 1961
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  9. AGE (In years last birthday)  4 yrs   Manths   Days   Haurs   Min
	0a. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired)  Ch! (6 Ch! )	Pennsylvania "15+
	RICHERO Kuhn	Ruth Catter
	S WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 IP  (If yes, give wer or dotes of service)	MFORMANT Address
	571.1 DUE TO	+ GasTruenTel Ts Interval Between ONSET AND DEATH GARAGE
	gave rise to immediate cause (a), stating the <u>under:</u> lying cause last.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part ( or Part II of item 18.)
		ACE OF INJURY (Hame, farm, clary, street, affice bldg., etc.) (City or town) (County) (State)
	saw the deceased alive an 15 ALEV 1961, and that a	death accurred at 1/2 M, from the causes and an the date stated abave.  M. ATTENDING MED DIRECTOR STAFF PHYS. 122d ADDRESS
	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL (Specify) Smithsburg	
,	Scott F. Minnich & Son, Smithsb	2So. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Frederick Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate lim ts, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 10 40 2 waaks Fraderick Adamstown = . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, in ve street address) ON A FARM? Frederick Memorial Hospital YES INO 3. NAME OF 4. DATE OF DEATH (Type or print) 19 61 Margaret November 9. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX lest birthday) Months | Days Hours DIVORCED June19. 1888 WIDOWED Female nding physician a plea≡ remov≡ c 1.12. CITIZEN OF WHAT COUNTRY? 10a. USLAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11. B RTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewhi e Feagaville, Maryland U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Aida Harner Joseph Eckenrode 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) ( (If yas give war or dates of service) oval Mr. Daniel W. Lee, Jr. Adamstown, Maryland No 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH HEART BLOCK PART I. DEATH WAS CAUSED BY: Complete week IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLERUTIC HEART DISEASE Conditions, if any, which' (b) gave risa to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART II.) 19. WAS AUTOPSY certificate PERFORMED? NO O ≡sn 2Da ACCIDENT WAS UNDERLYING 13 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH may be retained by the DIRECTOR: After the 3 shauld be disached (State) 1 20d. NJURY OCCURRED. 2Do, P.ACE OF INJURY (Homa, farm. 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) While Not While Hour a.m. al work at work 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DRECTOR PHYS. Metrero M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 9 East Church Street Frederick. Mi. Richard C. Reynolds M.D. 23a. BUR AL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) ÷ 3 0 Mt. Olivet Cometery Frederick, Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 HUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Frederick, Maryland DATE NOV 7 15M 9/60 Chilling S. Tirans Dad Yet & Son

1. 5. the fine is the contract of matica e . . . m. B. edir que e que se

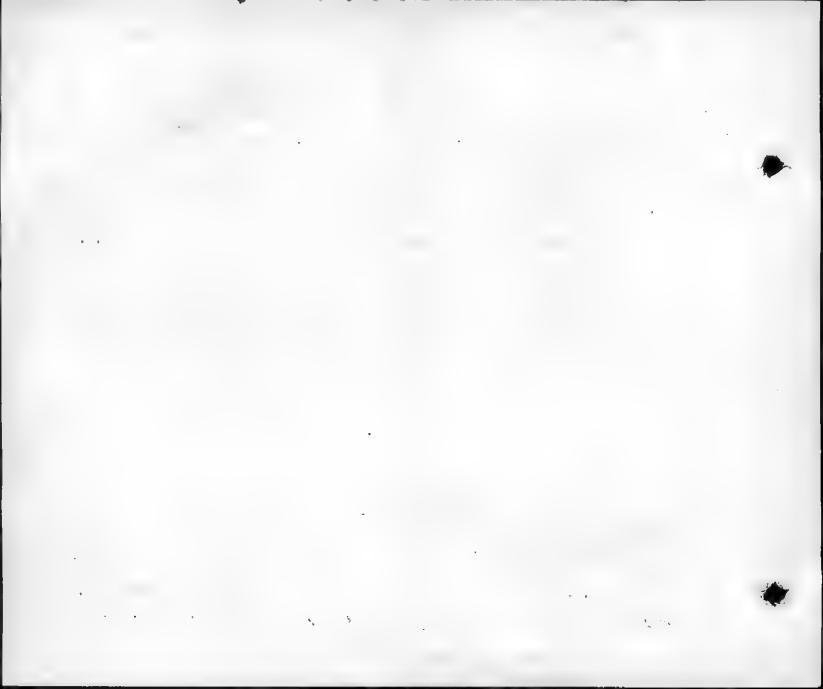
the state of the second

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 1263112619 CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. STATE **b.** COUNTY filed MARYLAND Baltimore City Frederick Maryland funeral CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 e RURAL and give nearest town) should Baltimore City Sabillasville d NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION A. STREET ADDRESS S RESIDENCE ON A FARM? 24 16 Market Place YES INO K Victor Cullen State Hospital Middle 4. DATE Month Day Year DECEASED DEATH 11 Lee 19 61 (Type or print) Erhv Lewis IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years pletely 7. MARRIED NEVER MARRIED last birthday) Months Days Hours DIVORCED 15 WIDOWED [ 16 YT3 papers. 늏 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? U.S. puo News paper salesman salesman Alabama 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Unknown Anna Lee Elmore 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address attending Records of Victor Cullen State Hospital 121-16-8189 No INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY: Pulmonary tuberculosis 002 vears MMEDIATE CAUSE (a) the t DUE TO ó Canditians, if any, which permit. gned gave rise to immediate **DUE TO** cause (a), stating the underte has been sig burial-transit lying cause last. physician. PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS. WAS AUTOPSY FICATION cremation. PERFORMED? Chronic alcoholism. YES TO NO KT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificote 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg, etc. Hour a.m. Not while After this at work at work 21 1 certify that (1) (this haspital) attended the deceased from 8-31- 161 to 11-5-161\_, that (1) (we) last detochild 11-5 1961, and that death accurred at 3 PM, from the causes and an the date stated above. saw the deceased alive an tained by the 220 SHONATURE 225 DATE SIGNED MED. DIRECTOR e Q PHY5 22c PHYSICIAN'S 22d, ADDRESS v NAME (Type) Victor Cullen State Hospital, Md. M.G. Zavis TO FUND 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)
Thurmont.Fredk. (Stote) page the Sk REMOVAL (Specify) Co Cemetery Blue Ridge TA FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR n t vop VR A15 (4) Mille 1SM 9/59

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORD MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY **b.** COUNTY e. STATE Frederick Frederick by the fand 2 s death. MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits Emmitsburg- rural .:--- rural Pages 1 urs after .= -Filled i . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? of Daughter YES NO 3. NAME OF 4. DATE Month Middle Last Day Vani DECEASED Sobhia Lingg Nevember (Type or print) Anna DEATH 61 19 5. SEX 6. COLOR OR RACE , 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years | IF UNDER I YEAR | IF UNDER 24 HRS. carbon العول birthday) pue Months female white March WIDOWED TT DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY physician BIRTHPLACE (County & State, or foreign country) Housewife Housewife by Own Home U.S.A. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please attending I .5 Susan Little Albert and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO.1 17, INFORMANT Address [Yes\_no, or unkown] [Ifyesgivewerordatesofservice] Thurmont, Md. RD None Michael G. the 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ģ PART I. DEATH WAS CAUSED BY. IMMED, ATE CAUSE (a) signed 1201 DUE TO peen Conditions, if any, which (b) gave rise to immediate ceuse DUE TO (e), stating the underlying the his puri ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19, WAS AUTOPSY PERFORMED? hospital certificat 8 0 NO use 20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ad by After I 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY 20f. (City or fown) (County) Month, Dey, Year factory, street, office bldg., etc.) Not While Hour e.m. While at work at work may be relating /.4.1 ..., 19....., that (I) (we) last to.. ... saw the deceased alive on. 22b, DATE 220. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22c. THYSICIAN'S 22d. ADDRESS NAME (Typ) Emmitsburg. Maryland George Morningstar 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) BURIAL, CREMATION, | 23b. DATE THEREOF 11-8-61 St. Anthony Cemetery nr. Emmitsburg. à a 0 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 BUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Thurmont, DATHOV 8 15M 9/60 Cuchus S. Kraus

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DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH ₩ith 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institut an Residence before admission) a. COUNTY Fi, ed a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) þe RURAL and give nearest town P NAME OF HOSPITAL (If not in hospital, IS RESIDENCE give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Middle Doy Year DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 9 AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs WIDOWED [ DIVORCED [ paper 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 힝 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ö remave Address 17. INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH ₲ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Fibrasis of Placenta Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY emotion PERFORMED? 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) the (IF EITHER, NOTIFY MEDICAL EXAMINER) N 20c. TIME OF INJURY Manth, 20e PLACE OF INJURY (Home, form, Day, Year 20d INJURY OCCURRED 20f (City or town) (County) (Stale) factory, street, affice bldg., etc.) Hour a.m. While Nat while at wark at wark p. m. 1961, ta 16 Nov 1961, that (1) (mo) last 21. I certify that (I) (this hospital) attended the deceased fram I # detached and that death accurred at Z. 50 Plan the causes and an the date stated above. saw the deceased alive an 22a SIGNATURE 22b, DATE SIGNED M.D. 22c. PHYSICIAN'S P 22d ADDRESS shaul NAME (Type) L. Guest 23b, DATE THEREO! 23g BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) afod REMOVAL (Specify) Frederick Memorial Hospital Cremation Frederick FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250 REC'D BY REG STRAR 25b REGISTRAR'S SIGNATURE VR A1S [4] Frederick. Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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DIRECTOR:

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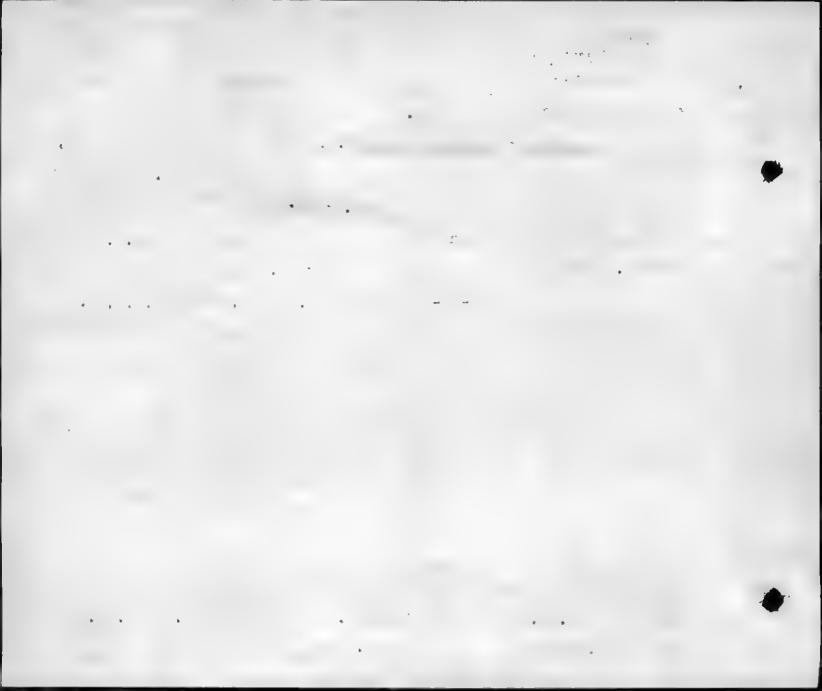
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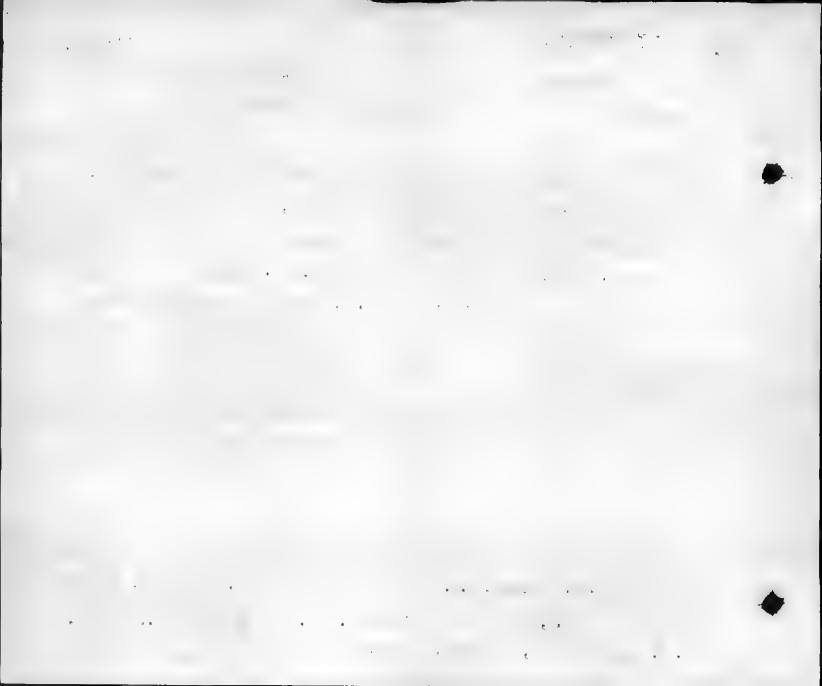
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ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution Residence before admission) e. COUNTY Page a. STATE b. COUNTY Maryland Fraderick Frederic MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearast town) director. write RURAL and give neerest town) New Midway rur al Middletown rural mos . 47 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) for d. STREET ADDRESS . IS RESIDENCE ON A FERM? P. O. State B Kovmar RD YES NO 3. NAME OF M. ddle Last 4. DATE Month Year DECEASED 161 Nov. (Type or print) DEATH JAMES. MOSER 5. 5FX 6. COLOR OR RACE T. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE (In years I IF UNDER I YEAR IF UNDER 24 HRS. 2 birthday) June Hours I Min. Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 3 BIRTHPLACE (State or foreign country) dona during most of working life, even if ratired) ₽ar**m** Fredk Co Pages Laborar pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PM3. George W. Moser Neva L. Holt Give Elle Elle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.! 17. INFORMANT Address (Yes, no, prunkown) (ifyesgivawerordatesofservice) Permit. 1/1-36-8523 George W. Moser Keymar R.D. 2.MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along vansit g Kuyscardeal Contision ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO Conditions, if any, which (b) gave rise to Immediate cause DUE TO (a), slating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11921 19, WAS AUTOPSY CERTIFICATION RERFORMED? 28 cremati should 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING writing | Chief / Page 3 s (County the Care 2Dd. INJURY OCCURRED 200, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year While Not While at work factory, street, office bldg., atc.) 19 6 forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident X Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL **EXAMINER'S** Address (Street, city, town, or county) HEDERICK NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, fown, or country) (Status Burial Nov. 16. 1961 Rocky Hill Cem. Near Woodsboro.Fredk.Co.Md 40 6 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Thurmont. MB Raymond E.Craager Cirthur S. Krane 5M 7/59 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased I ved, If Institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Frederick e. COUNTY Maryland Frederick by the and 2 seath. MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 ģ write RURAL and give nearest lown) Urbana 20 Years .≘ \*-Pages IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS ON A FARM? YES NO Yeer 4. DATE Month Dev 3. NAME OF First Middla Last DECEASED 61 Nevember 19 PLUNKARD DEATH (Type or print) DELLA MAY 9. AGE (In yeers IF UNDER 1 YEAR 8 IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX lest b rifidey) Months | Deys and February 12.1907 WIDOWED [ DIVORCED [ Female 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Slete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending physician Then please remove 10e. USUAL OCCUPATION (G've kind of work done during most of working life, even if ratired USA Maryland any At Home House-work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death .⊆ Lilly J. Cooksey John W. Lawson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC A. SECURITY NO. 17. INFORMANT Address removal, (Yes, no. or unkown) | (If yes give war or dates of service) Mr. E. Herbert Plunkard-Same as Item #2 the permit. INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). BREAST ONSET AND DEATH ģ PART I. DEATH WAS CAUSED BY: OR ARCINOMA YERM burial-transit per IMMEDIATE CAUSE (a) DUE TO affending Conditions, if env. which (b) geve rise to immediate cause DUE TO (a), steting the underlying Associated or a certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🔼 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of niury in Part I or Part il of Item 18.) 200, ACCIDENT WAS UNDERLYING \_ OR CONTRIBUTING | CAUSE OF DEATH Φ After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached (Stete) MEDICAL 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., atc.) While Not While Hour a.m. at work at work may be retaine DIRECTOR: attended the deceased from 10/29, 19,60 to 19,65 cm,719, that (I) (we) last 24, 19,60, and that death occurred at 15 PM, from the causes and on the date stated above. 21. | certify that (1) (this hospital) attended the deceased from 10 saw the deceased alive on....... 22b. DATE 22e. SIGNATURE SIGNED STAFF ATTENDING. X PHYS. DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S East Church St., Frederick, Maryland 6. Reynelds, M.D. 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23a. BURIAL, CREMATION REMOVAL (Specify) Flint Hill Meth. Cem. Frederick Co... Burial OF 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL PIRECTORS SCHATURE ADDRESS VR A15 (4) DATE NOV 1 3 '61 arthur S. Kraus Etchisen & Sen, Frederick, Maryland 15M 9/60

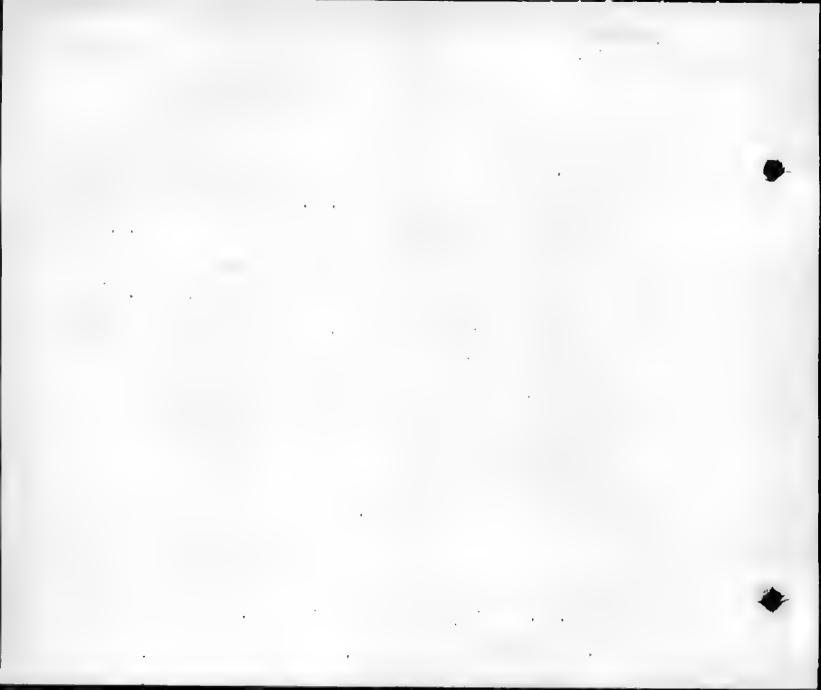


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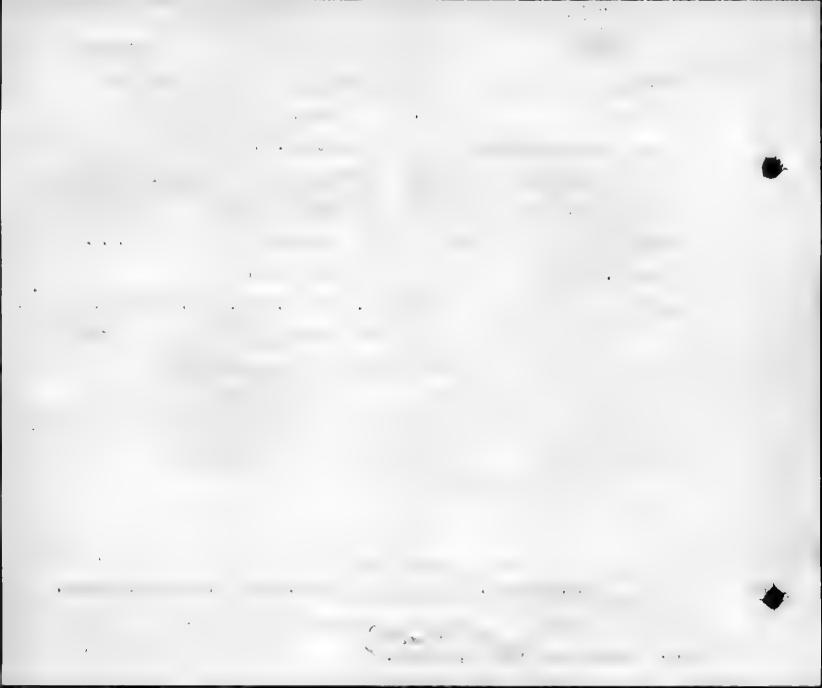
## MARYLAND STATE DEPARTMENT OF HEALTH

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	PLACE OF DEATH O COUNTY	FREDE	RICK		MARYLAND	- STATE	Md (Wh	ere deceased	l fived If institu b. COUNT				on)
	RURAL and give	(If outside corporate limearest town)	nits, write	LENGTH OF	STAY IN 16		own (IF o		ote limits, write	RURAL ond	give nec	nwot faert	1)
	d. NAME OF HOSP OR INSTITUTION	REARICH	give street or		19026120	d. STREET AL	DORESS				**		IDENCE FARM?
	NAME OF DECEASED (Type or print)		int XKXXX		Middle	last PRY	K	4. DATE OF DEATH	1		2.7	2_	Yeor 196 /
\$	SEX M	6 COLOR OR RACE	7. MARRIE	D NEVER	MARRIED []	Mch.30			9. AGE (In year)	Months	Days	Hours	Min
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13.	FATHER'S NAME Willia	m Pryor				14. MOTHER'S Aman		iame B <b>rown</b>					
1\$ (¥4	WAS DECEASED EV	F yes, give war or dates of	PRCES? 16. 50	-05-57	77AL1	en Pryoj	e Ro	ouzer	ville	Pa •			
		EATH [Enter only one of EATH WAS CAUSED BY. IMMEDIATE CAUSE	0	for (0), (b), o EREC		THOM	130	212			INTI ONS	ERVAL BE	TWEEN DEATH
	332 Conditions, if		(b)	ART	ERIO	SCLERE	212				VH	VKNO	SWN
	gove rise to couse (a), stating lying couse lost	g the <u>under.</u> DUET	(c)										
CATION	PART II. O	THER SIGNIFICANT CO	OMIA							IVEN IN PA	RT 1(o) 1	PERFC YES	DRMED?
L CERTIF	OR CONTRIBUTION	VAS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER	4	IISE HOW IN	IURY OCCURRE	ED. (Enter noture of	injury in f	Port   or Port	(I) of item 18 )				
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.	10	ear 20d, INJ While of work	URY OCCURR Not while of work	fo	LACE OF INJURY (Fictory, street, office			or lown)		(County)		(State)
		ased alive an 11	al) attende			death accurred			the couses o				
	220. SIGNATURE	olson 3	Aveil 1	mer		M D PHYS	ME	ED. RECTOR	STAFF PHYS			22	SIGNED
	22c PHYSICIÁN'S NAME (Type)	NEWON		60000		22d. ADDRE	7	ELL	House	Ave	Fr	tDER	KKM
230		y) Nov .25	1961		Chur	ch of G		em. C	ascade		iAC		le)
24	Raymond	E-Creage	rage	ADDRESS	Thurmo	nt.Md		D 8Y REGIST		SISTRAR'S S War &			



PRESTON STREET, BALTIMORE 1, MARYLAND 12637 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission e. COUNTY a, STATE b. COUNTY Maryland Frederick Frederick the 1 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN IIf outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 by the write RURAL and give nearest town) Frederick Frederick byrs. .= \*\*\* ages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Pe d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? West Lith.St. YES NOTE Frederick County Chronic Hospital 3. NAME OF Lest 4. DATE Month Middie DECEASED OF DEATH (Type or print) Opina Nevember 19 Alexander Lynch AGE (In years LIF UNDER LYEAR S. SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months Deys Hours Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) U.S.A. General Frederick Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pt c Miller Sugar John P.Quinn IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address TLen (Yes, no, or unkown) . (If yes give wer or detas of sarvice) W.Patrick St.Frederick, 220-03-586L Mrs. Carrie B.Quinn. 409 the g physician. signed by th 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH Myroadial Enfact. PART I, DEATH WAS CAUSED BY: 3days IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which peen gave rise to immediate cause DUE TO (e), stelling the underlying has ceuse lest. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 93 NO TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Ilam 18.) 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ed by After 1 MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Month, Day, Yeer 2Df. (City or lown) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work DIRECTOR: 1957, to 2222 (2 1961, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on...... 22b. DATE 63 IGNED 22a. SIGNATURE ATTENDING STAFF x DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) N.Market St.Frederick.Waryland. B.O. Themas, Sr. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, DATE THEREOF 23Ь. REMOVAL (Specify) å. <del>Ğ</del>. Frederick. Mount Olivet Wemetery Marvland 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE NOV 1 5 '61 Circling S. France 15M 9/60 M.R. Etchison & Son, Frederick, Maryland



VR A15 (4) 15M 9/59 69

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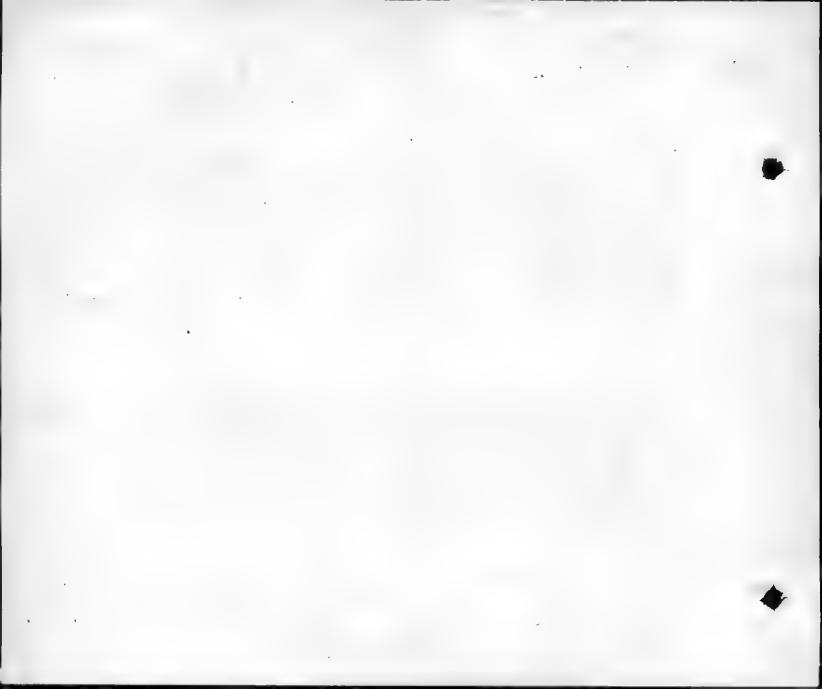
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

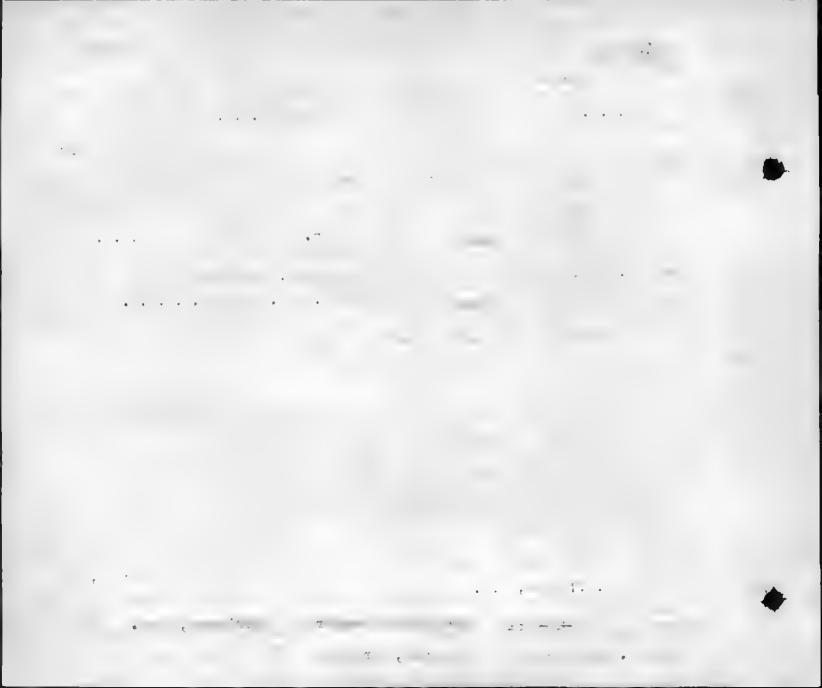
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I. PLACE OF DEATH G. COUNTY  WARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY				
Frederick  b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	Maryland Carroll c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)				
RURAL and give negrest town)					
Frederick	Mt. Airy 66x-2				
d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Af	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?				
Frederick Memorial Hospital	Park Ave. YES NO.				
3 First Middle	Last 4. DATE Month Day Year				
	DLEMOSER DEATH November 29. 1961				
S. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   FUNDER I YEAR IF UNDER 24 HBS   last birthday)   Months   Days   Hours   Min.				
Female White WIDOWED TO DIVORCED	A119, 24, 1885 76 m				
10a JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IND	USTRY 17 BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY				
Housewife Domestic	Virginia U. S. A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Robert L. George	Florence Neer				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address Lovettsville				
[Yes, go or unknown] (If yes, give wor or dates of service)	fr. Robert C. Riddlemoser, Virginia				
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN				
PART I DEATH WAS CAUSED BY.	a of the Blacker ONSET AND DEATH,				
IMMEDIATE CAUSE (o) AV (In (a)M	2 01 194 12/84 CIST G WISH				
Goodition if you which )					
Ganditions, if any, which (b)					
couse (o), slating the under-					
Jying cause lost. ) (c)					
2 PERFOR					
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	YES NO NO NO NOTE: NO NO NOTE: NOTE: NO NOTE: NO				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Les (and refer of right) in the control of the control				
4 30 THE OF MUREY HOLD D. Your COLUMN OCCUPATED 300	MACE OF INITIPY (Home form 1906 (City on Lowe) (Country) (Stole				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Nat while	PLACE OF INJURY (Hame, form, 20f. (City ar lawn) (Caunty) (Stole) factory, street, office bldg., etc.)				
	PLACE OF INJURY (Hame, form, 20f. (City ar lawn) (Caunty) (Stole lactary, street, office bldg., etc.)				
	factory, street, office bldg., etc.)				
21. I certify that (I) (this haspital) attended the deceased from	factory, street, office bldg., etc.)				
21. I certify that (I) (this haspital) attended the deceased from	death accurred atM, fram the causes and an the date stated abave				
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	death accurred atM, from the causes and an the date stated above.				
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	death accurred atM, fram the causes and an the date stated abave  ATTENDING MED STAFF SIGNED  ATTENDING DIRECTOR PHYS  22d. ADDRESS				
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	death accurred atM, fram the causes and an the date stated abave  ATTENDING MED STAFF SIGNEE  M.D. PHYS DIRECTOR PHYS D  22d. ADDRESS				
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	death accurred atM, fram the causes and an the date stated abave.  M.D. PHYS				
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	death accurred atM, fram the causes and an the date stated abave.  ATTENDINGMEDSTAFF				
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	death accurred atM, fram the causes and an the date stated abave.  ATTENDINGMEDSTAFF				

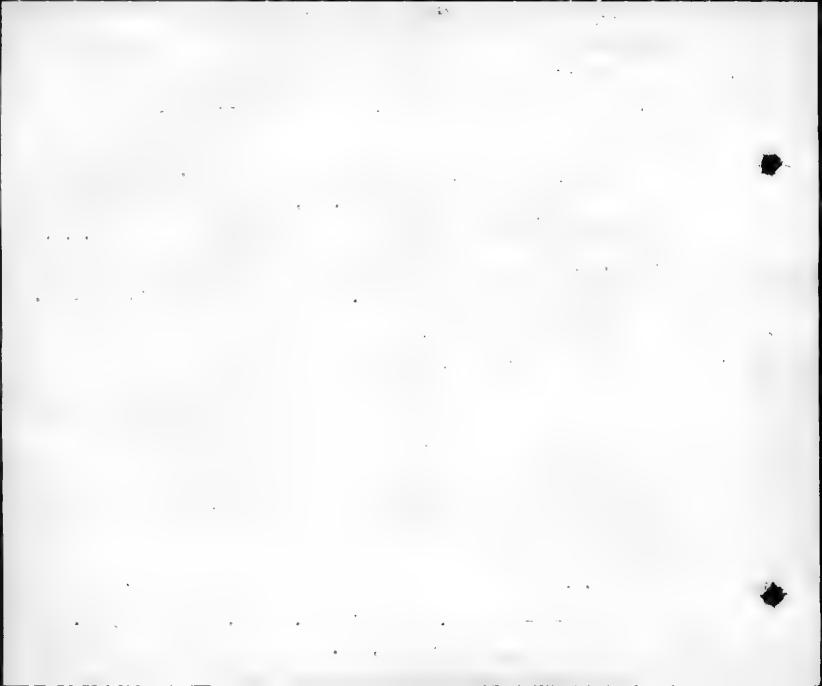




RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where decassed lived, if institutions Residence before admission) y is necessary, director, Page e. COUNTY b. COUNTY a. STATE Frederick Maryland MARYLAND Frederick. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN ( f outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Airy R.F.D.I Month Mt Airy R.F.D.I d. STREET ADDRESS IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not In hospita, give streat address) ON A FARM? YES NO 3. NAME OF 4. DATE Month Dev Middle OF DECEASED DEATH (Type or print) Debra Airlene 19 Seal 19 6T November 20 9. AGE (In years, FUNDER I YEAR 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED B. DATE OF BIRTH may 2 y lest birthdey) Months 2027s October I, I96I Female White WIDOWED DIVORCED 1, 2, ar age 5 n and 2 72 hou 12, CITIZEN OF WHAT COUNTRY? IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stell or foreign country) in pencil in Item 18, Give Pages 1, 2 Affice along with form PM3, Page done during most of warking I fe, even if retired) Thna. U.S.A. None None pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry R. Seal Gladys L. Rosenbalm This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) | (If yes give war or dates of service) Henry R. Seal, Mt Airy, R. F. D. I. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Office along w burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, I any, which geve rise to immadiata cause "pending" DUE TO (a), stating the underlying 100 cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.), 19. WAS AUTOPSY CERTIFICATION PERFORMED? xecute the certificate, writing the word if be forwarded to the Chief Medical EERAL DIRECTOR: Page 3 should be K NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) Page 3 - burlal, PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL EXAMINER: 2Dd. INJURY OCCURRED 200, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. MED. et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection X. Inquiry X and in my opinion Natural causes X Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER [ ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE Novemder 20,1961 DEPUTY MEDICAL EXAMINER XX B.O. Thomas, M.D. NAME (Typa) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Noves Chapel Cemetery Morristown, Tenn. Burria I 23. EUNERAL DIRECTOR 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Frederick, Maryland DATE NOV 2 2 '61 VS. A15ME Circling & House 5M 7/59 Robert E.



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1264 directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY filed b. COUNTY Frederick MARYLAND Maryland Frederick hours after death. Funeral CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 e. CITY OR TOWN (If autside carparate limits, write RURAL and give necrest town) þ Emmitsburg shauld 2 months Thurmont -- rural the d. NAME OF HOSPITAL (If nat in haspital, give street address) STREET ADDRESS IS RESIDENCE Home o ON A FARM? RD of daughter YES NO 🔼 NAME OF 4. DATE Middle # last Month Day Year DECEASED DEATH NOV. 20 6] (Type or print) 19 Pages ia. 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. SEX B DATE OF BIRTH NEVER MARRIED | MARRIED 7 campletely last birthday) Months Days 28. female Aug. DIVORCED [ WIDOWED IN papers. that the death certificate be executed 10a. USJAL OCCUPATION (Give kind of work days 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? HOUSEWIIC Own Home U.S.A. Pennsylvania puo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician Louis G. Butt Cecilia Brawner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address No. Mrs. Paul Eckenrode Emmitsburg, Md. None attending please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) de puo 壬 **DUE TO** ò Canditions, if any, which gned gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFIC 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 20c. TIME OF INJURY 20d INJURY OCCURRED Day, Year (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while at work at wark 21. I certify that (I) (this haspital) attended the deceased from \_, that (I) (we) last detached , and that death accurred a UCM, from the causes and an the date stated above saw the deceased alive an DIRECTOR: 22o SIGNATURE ATTENDING pe M.D. PHYS Pained 22¢ PHYSICIAN'S 22d. ADDRESS hauld NAME (Type) Cadle poge 3 st 23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY TO FUN 23d LOCATION (City, town, or county) (State) 11-23-61 St. Anthony's Com. nr. Emmitsburg, **ADDRESS** 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Circling S. House Thurmont, Md. VR A15 (4) 15M 9/59 DATE





moy; retained by the hospital or ottending physician.

3 FU: AL DIRECTOR: After this certificate has been signed by the ottending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fired with the State Board of Health prior to burial, cremation, or removal, and in any event, prithin 72 hours ofter death.

TO FUR

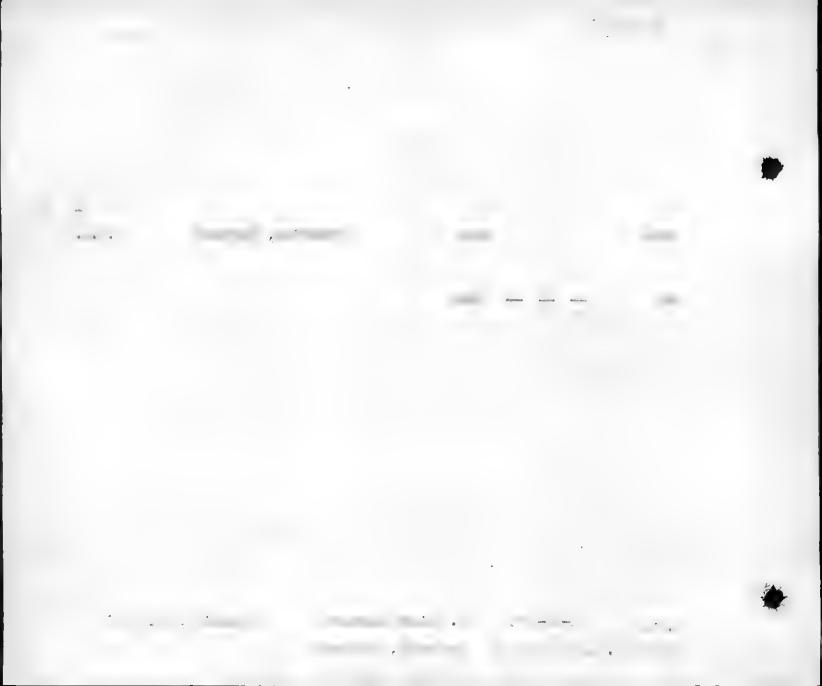
VR A15 (4) 15M 9/59

TO HOLLITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12630

ш					
	1. PLACE OF BEATH O. COUNTY Fre derich M.		USUAL/RESIDENCE (Where decease a. STATE	ed lived. If institution, R b. COUNTY	esidence before admission)  CEDERICK
	b CITY OR TOWN-(If outside carporate limits, write RURAL and ave nearest tawn)	TAY IN 16	CITY OR TOWN (If outside corp	orote limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	- 1/	d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	HANAB	Lost 4. DATE OF DEAT	3	Day Year 196/
	5 SEX   6. COLOR OR RACE   7. MARRIED   MEVER MA  Male   Whilf   WIDOWED   DIVO	RCED   B. DA	ATE OF BIRTH		nths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None  None	S OR INDUSTRY	11 BIRTHPLACE (Stote or foreign Frederick, Mary		U.S.A.
	CARL VICTUR SHAND BERGE.	R	MOTHER'S MAIDEN NAME	THE CRA	611820
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or varknown)  (If yes, give wor or dates of service)  No  None	NO 17 INFORM	MANT / 7+tel	PTB / /	TAIRY
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying couse last.	€.∫			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN I	N PART I(o) 19. WAS AUTOPSY PERFORMED?
		Y OCCURRED. (En	iter nature of injury in Port I or Pi	ort II of Iem TB.)	***
	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED While Not while at wark at work	20e PLACE C foctory.	OF INJURY (Hame, farm, 20f. (Ci street, office bidg., etc.)	ty or town)	(County) (State)
	21 I certify that (I) (this hospital) attended the decease saw the deceased alive an			the causes and a	19, that (I) (we) last in the date stated above 22b DATE SYGNED
	REMOVAL (Specify)	CEMETERY OR CRE		ATION (City, town, or co	
	DISTRICTION SIGNATURE ADDRESS	vet Came	250 REC'D BY REGI		LAND R'S SIGNATURE
ŧ	2217755x+2				

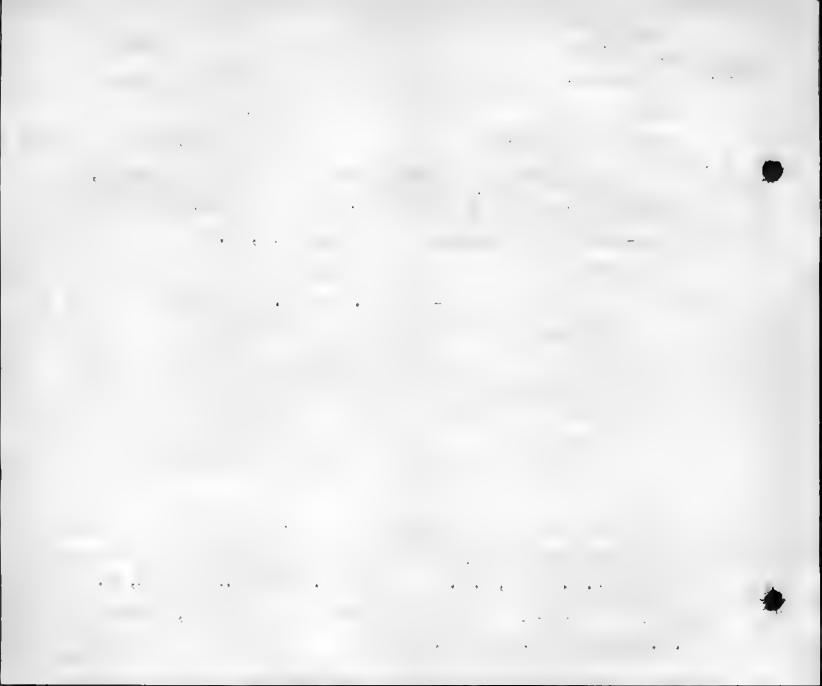


15M 9/60

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? 718 North Market Street YES NO DO Yeer November 26. 1961 9. AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. Months Hours Min. 12, CITIZEN OF WHAT COUNTRY? TISA (Same as item #1) INTERVAL BETWEEN ONSET AND DEATH min. VS PERFORMED? NO X (County) (Steta) 19.51 to...Nov....21......, 19.61 that (I) (\*\*\*) last , and that death occurred at 50PM, from the causes and on the date stated above. 22b. DATE SIGNED Nov 1961 Church St., Frederick, Md. 23d. LOCATION (City, town or county) (State) Frederick, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Chilling & Thomas DAMBY 2 9 '61





## MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) a. COUNTY b. COUNTY Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town! Adamstown Adamstown filled i a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS ON A FARM? YES 🔼 NO 🗌 3. NAME OF DATE Middle Month DECEASED (Type or print) DEATH 19 67 THOMAS AVY GERZELDIA Nevember 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months I October 5. 1885 Female White WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or fore on country) | 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratired) USA At. Home Maryland House-work 13 FATHER'S NAME ā 14. MOTHER'S MAIDEN NAME please aftending Margaret Ellen Werking John Michael Hakm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yes, no, or unkown) | (If yes give we rordetes of service) Mr. Ralph G. Thomas-Same as Item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH Cardier Failure PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which geve rise to immediate causa DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY certificate PERFORMED? % Q NO X YES 200, ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Affer 1 (Stete) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) [County] Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour a.m. may be retained DIRECTOR: Af at work at work 19520 to \$2000 (we) last 21. | certify that (I) (this hospital) attended the deceased from. saw the deceased alive on. 19.61, and that death occurred 21.15 PM, from the causes and on the date stated above. 226. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. RAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Professional Building, Frederick, Marylan B. O. Thomas, M.B. Poli 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State 23a, BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) O ÷ & Mount Olivet Cometery Frederick. 24 FUNER AL DIRECTORY SIGNATURE 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) NOV 1 3 '61 arthur S. Thous 15M 9/60 Etchison & Son, Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH



# funeral TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. See 4 may be retained by the hospital or attending physician. > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and company if filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 apr 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 apr 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 apr 2 should be detached for use as the burial, cremation, or removal, and in any event within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12635

- 17	<ul> <li>PLACE OF DEAT:</li> <li>COUNTY</li> </ul>	H				itution: Residence bafore edm ssion)	
	Frederick MARYLAND		•. STATE b. COUNTY Frederick				
		(if outside corporate I mits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete limits, write RI	JRAL and give neerest town)	
	write RURAL and give nearest town) Frederick		6 years	// Fred	erick		
·  -	d. NAME OF HOSPI	ITAL OR INSTITUTION (If not i	n hospite, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE	
	16 James Street		16 James Street				
3	NAME OF DECEASED	First	Middle	Lest	4. DATE Month	Dey Yeer	
	(Type or print)	Anna	Madelyn	Viessman	DEATH NOVemb	er 22. 19 <b>al</b>	
1:			ARRIED NEVER MARRIED 18	, DATE OF BIRTH	9. AGE (In yeers   IF	UNDER 1 YEAR IF UNDER 24 HRS.	
Λ	The state of the s		lest birthdey) Months Days Hours Min.				
1	On. USJAL OCCUPAT	TION (Give kind of work 19	Db. KIND OF BUSINESS OR INDUSTR	June 15, 188	ity & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
+		orking life, even if relired) or Retired	None	Raltimore	Maryland	U.S.A.	
-	3. FATHER'S NAME	ANT MANTEROT	110410	14. MOTHER'S MAIDEN			
- 1				Eleanor H			
1	John Vies		16, SOCIAL SECURITY NO. 17, 1		Address		
- (	(Yas, no, or unkown) [	lfyes giva wer or detes of service)				4 70 2 2 - 3- 363	
-	No	None		. D.B. matso	n 16 James Stre	<i>a</i> 1	
		DEATH [Enter only one couse IH WAS CAUSED BY:	per ans for (e), (b), end (c).	7		ONSET AND DEATH	
	PARIL DEAL	IMMEDIATE CAUSE (e)	wirrang W	elly ou	MALE		
	420.1 DUE TO 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.						
	Conditions, if any, which						
	geverise to immed (e), stating the t	S DITT TO	11/1 4 1	-1			
	cause lest.	(e)	Herry Se	Muse			
1	PART I OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
	PART I. OTHE					YES NO	
J 1	206. ACC DENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert t or Part I of item 18.)						
į	CIF EITHER, NOTIFY	MEDICAL EXAMINER)					
13	20c. TIME OF INJ	URY Month, Day, Yeer		CE OF INJURY (Home, fare		(County) (State)	
	20c. TIME OF IN.		While Not While fact	ory, street, office bldg., atc	5.)		
1					10 10	10 that (1) (we) last	
						, 19, that (I) (we) last	
	saw the deceased alive on						
	228. 3 61141041	Robert &	Herden	increase To v	MED. STAFF DIRECTOR PHYS.	11-22-1961 SIGNED	
	22c. PHYSICIAN'S	regul A	· rengines "	22d, ADDRESS	7110.	_TT-55-TAOT	
	NAME (Type		Hughes M.I	7 East	Church Street	Frederick, Md.	
=	Dan BUR AL. CREMAT	TON, 236. DATE THEREOF	1 23c. NAME OF CEMETERY		23d. LOCATION (City, town		
1	REMOVAL (Spacify		Trinity Cemet		Baltimore, M		
-	Burial	The state of the s	ADDRESS		C'D BY REGISTRAR 25b. REGIS		
	Ichill L	Dailay and So	The advantage 16	hard laws			
_	Robert E.	Darrey Str.	TI CACLIONS ME	JAME N	0 / 2 4 '61   Clat	MT & Thates	

4 of a second 50 C 3 . 1 ه سه خبي م خب Yward. F e 1 3 1. 2 6 3 ........

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \frac{\pi}{2} \text{deat} \text{Page 4 may be retained by the hospital or attending physician.} \( \frac{\pi}{2} \frac{\pi}{2} \text{DIRECTOR: After this certificate has been signed by the attending physician and contained by filled in by the funeral circles as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, if institution; Rasidence bafora admission)					
Frederick MARYLAND	o. STATE Maryland b. COUNTY Frederick					
b. CITY OR TOWN (I outside corporete limits, c. LENGTH OF STAY IN 1)	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town)					
write RURAL end give neerast town)  Frederick  Years	1 // Frederick					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS					
Frederick Memorial Hospital	ON A FARM?					
3. NAME OF First Middle						
DECEASED	OF 1					
(Type or print) SARAH MARGARET	WACHTER DEATH November 6, 19 61					
5. SEX 6. COLORAGE RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In yeers   IF JNDER   YEAR   IF UNDER 24 HRS.  Warch 25. 1903  1903  Months Deys Hours Min.					
Female White WIDOWED A DIVORCED						
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Food Dept. School Cafeteris	Maryland USA					
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
Charles E. McMullen	Mary Etta Molesworth					
15. WAS DECEASED EVER IN 15 APMED FORCES? 14 SOCIAL SECLIPITY NO. 17	INFORMANT Address					
(Yas, no, or unkown) (Hyesgivawarordetesofsarvica) 220–28–8577 Mr	(Yas, no, or unkown)   (Ilyesgivawarordetesof sarvica)					
18. CRUSE OF DEATH [Enter only one course per line for (e), (b), end (c) ].	I INTERVAL BETWEEN					
ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Covernmentoris I months.						
DUE TO	of the commendation					
Conditions, if any, which peverlise to immediate couse	no of the cecum. year					
(a), steting the underlying DUE TO	V					
cause lest. (c)						
PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY					
YES MO						
20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Port I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH						
200. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	LACE OF INJURY (Home, ferm. 20f (City or lown) (County) (Siete)					
Hour s.m. Wh'le Not While factory, street, office bldg., etc.)						
10. 170 50 11. 1						
	al death occured at					
22e. EGNATUR	ATTENDING MED. STAFF					
Henry mase	M.D. PHYS. DIRECTOR PHYS. L1/1/61					
22c. BAYSICIAN'S NAME (Type)						
H. W. Chase, M.D.	East Church Street, Frederick, Maryland					
238, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Burial Nev.8,1961 Mount Oliver						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE					
M. R. Etchison & Son, Frederick, Maryla	DATE NOV 13 61 Conthur S. Knows					



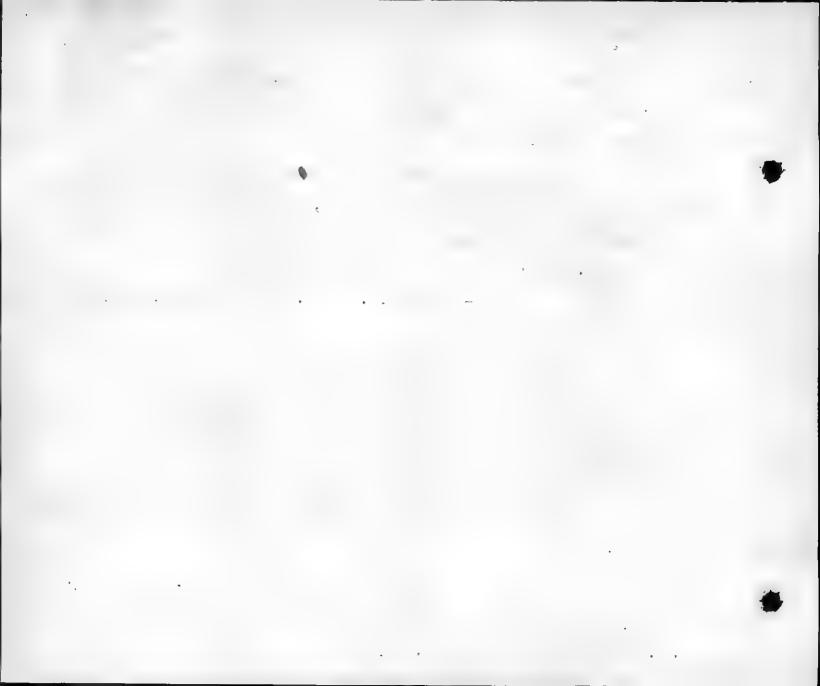
VR A15 (4) 15M 9/59

12650

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12637

Î	1 PLACE OF DEATH g. COUNTY MARYLAND				2 USUAL RESIDENCE (Where deceased lived (finstitution Residence before admission) o. STATE b. COUNTY Frederick						
-	Frederick  b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN )			Maryland							
	D	RURAL and give neon	rest town)		IIV ID	_		orgre timits, write k	OKAL ONG GIVE	mediesi iuwi	'1
ŀ		Frederi	LCK L(If not in hospital, give stree	1 day		d. STREET ADDI	ubs			e. IS RES	IDENCE
7	0	OR INSTITUTION				d. SIREET ADDI	KESS			ON A	FARM?
		Frederick	Memorial Hosp	ITEL						169	NO 🗌
	3 NAME OF First		Middle		Lost	4. DATE	Mon			Yeor	
	(Type or print) LAWRENCE		Andrew		Alter.	DEATH	//			19 4	
N.	5. \$	EX	6. COLOR OR RACE 7 MAE	RIED THEVER MARRI	_	ATE OF BIRTH		9 AGE (In years lost birthdoy)	Months Do	ear if UND	Min
Æ		M	WIDOV	VED DIVORCE	D 🔲 Ma	y 12, 1	904	57 yrs		<u> </u>	
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)		KIND OF BUSINESS C	OR INDUSTRY	11 BIRTHPLACE	(State or foreign o	country)	12. CITIZEI	OF WHAT	OUNTRYP	
		Farming		Farm Work		Mary.	land		Į.	SA	
	13. I	FATHER'S NAME			1	4. MOTHER'S MA	UDEN NAME				
1		Albert	W. Walter			Dai	sy Crimm				
Ī		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  15. no. or unknown)   If   free, give wer or dates of terrice)									
	(140)	No.		15-14-1329	Mrs.	Mary E.	Walter	Doubs	, Maryl	and	
Ī		IB. CAUSE OF DEATH	H [Enter only one couse per	line far (a), (b), and (c)	1 ,	,				INTERVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastases to lung							OTTOET FITTE	PLAIII		
1		18110 DUE TO									
	Canditions, if any, which) (b) Cancer bladder						248	5			
		gave rise to immediate couse (a), stating the under-									
-1		lying cause lost.   (c)									
-	χİ										
-	CERTIFICATION	PERFORMED? YES □ NO 🔂									
-	Ĭ	20a ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH									
	ĕ										
	₹	20c. TIME OF INJURY	Month, Day, Year 20d.	INJURY OCCURRED			ne, farm, 20f. (Cit	y ar tawn)	(Cou	inty)	(Stote)
	MEDICAL	Hour o. m. While Not while foctory, street, office bldg., etc.)									
	- 1										
1		21 1 certify that (1) (this hospital) attended the deceased fram. aug. 1961, to 27 Nov., 1961, that (1) (ma) last									
-	saw the deceased alive an 27 NOV 1961, and that death accurred at 720M, from the 220 SIGNAPOTE 10 10					the causes ar	id an the c	late_stated	obave.		
	200 PHYSICIAN'S			M D	M D ATTENDING MED STAFF DIRECTOR DIPHYS 11/2 75/GNED						
					22d. ADDRESS						
		NAME (Type) JR POIRIER				801 Tell House Ave FREDERICK, Md					
F	23a	BUR AL, CREMATION	, 23b DATE THEREOF	23c. NAME OF CEM	ETERY OR C	REMATORY	23d LOCA	ATION (City, town,	or county)	(Sto	te)
	REMOVAL (Specify) Burial Mount Olivet Cen			Cemetery Frederick Maryland							
0	24. FUNERA COIRECTOR'S SUGNATURE ADDRESS				25	o. REC'D BY REGIS	TRAR 25b REGI	STRAR'S SIGN	ATURE		
*	M	. R. Etchis	son and Son, I	rederick, l	Maryla	nd D	ATENOV 2 9 16	51 an	thur S. H	ine	



VR A1S (4) 15M 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-1.2651		CERTIFICA	IL OI DEATH		12698
1, PLACE OF DEATH			2. USUAL RESIDENCE (W		ulion: Residence before admission)
	rederick	MARYLAND	Maryla	b. COUNT	Frederick
	(If autside carporate limits, wr	ite c. LENGTH OF STAY IN 16			RURAL and give nearest tawn)
Frederi		Dave	Adams	stewn	
	ITAL (If not in haspital, give st	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Memorial Hospi	tal	1	YES NO	
3. NAME OF	First	Middle	Last	4. DATE Mo	onth Day Year
(Type or print)	NELLIE	BLANCHE	Walters	OF DEATH NOVE	mber 4, 1961
5. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthday)	
Female	White WID	OWED DIVORCED	September 27	7,1878 83 yn	The state of the s
Da. USUAL OCCUPAT	TON (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	e ar foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewif		At Home	t.V	irginia	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Will	iam C. Stonebu	rner	Sar	rah E. Smith	
S. WAS DECEASED EN	/ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	8 Matr	Te Avenue,
N•	(it yes, give wor or ourse or service)	None Kr	. C. Carroll	man m t	imore 28. Md.
18. CAUSE OF DE	EATH [Enter only one cause p	per line for (o), (b), and (c).		5	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:			deal in touch	ONSET AND DEATH
420.	142 O/ DUE TO			the project	Say
Canditions, if ony, which )			1 portion	1 6	2
gave rise to	immediate (D)	Coronul	TO SOLENO	373	1
cause (a), statin	g the under-		/		
lying cause last	_ , (c)	ALL COLUMN TO BE AT A BUILD TO BE AT A BUILD TO BE A T	This printed to the Sebi	White Distance Cot Diviol C	THE IN CASE AND THE SHIP OF TH
O PART II. O	THER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE CONDITION G	PERFORMED?  19. WAS AUTOPSY PERFORMED?  YES TO NO
OR CONTRIBUTION	VAS UNDERLYING 20b. IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)	
20c, TIME OF INJU		f-	ACE OF INJURY (Home, far	m, 20f. (City or town)	(County) (State
Hour o.m	10	/hile Not while	ctory, street, office bldg., et	IC.)	
		tended the deceased fram.	11/1 11	0/10 11/4	
	ased alive an	111		961. to	and an the date stated above
220. SIGNATURE	ased dieve dil	and indi	death accurred of 3	m, from the couses o	22b DATE
1	J. Robby	olum	M.D. PHYS.	MED. STAFF PHYS.	SIGNE
22c. PHYSICIAN'S NAME (Type)		noolman, M.D.	Toll House	e Ave.,Frederi	ck, Wd. 11/4/6/
230 BURIAL, CREMAT	Y)	23c. NAME OF CEMETERY C		23d. LOCATION (City, town	
Burial	Nov.O. 15 OT	7	Cemetery	Frederick,	Maryland
24, FUNERAL DIRECT	2011 1 10 11	ADDRESS	_		GISTRAR'S SIGNATURE
M. A. Etc	hisen & Son, I	rederick, Maryla	and DATE	10V 7 '61 C	Irilan S. House

ES WALL TO STAN

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differ a man particular areas and a manufacture areas areas and a manufacture areas and a manufacture areas areas and a manufacture areas areas and a manufacture areas areas areas and a manufacture areas 
Chesta Middlesson, and

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realization (Interest Viscous Swift Swift)

mulyes the same of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12639

12652	CERTIFICA	TE OF DEATH	126	39			
1. PLACE OF DEATH  o. COUNTY FREDERICK	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE	b. COUNTY	ARROLL			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	4 4	11	corporate limits, write RURAL and				
d NAME OF HOSPITAL (If not in hospital, give street	2 DAYS	d. STREET ADDRESS	DC+F RUK	e. IS RESIDENCE			
MEMORIAL HOS	PITAL	LADIESBU	RG.	ON A FARM? YES NO NO			
3. NAME OF DECEASED (Type or print) SAMO FA	ELP VINC	Lost 4. D	Month SEATH	22 19/01			
70	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE lost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS.  Doys Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done) 101	WED DIVORCED	APRIL 1- 1886 STRY 11. BIRTHPLACE (State or for	75 yrs.	TIZEN OF WHAT COUNTRY?			
during most of working life, even if retired)	WN FARM	MARVIA	r D	USA			
13. FATHER'S NAME	war error	14. MOTHER'S MAIDEN NAME					
JOHN YING	LING	NELLIE FO	155				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown)   Ill yes, give wor or deles of service)	6. SOCIAL SECURITY NO. 17. 18 220 - 34-7367 L	ELLA YINGLIN	G UNION BR	IDGE RURA			
18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).	1/ /07 "		INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	majestive &	east Tache	re	2 week			
+3000 OUE TO CLATE OF THE AND OUT TO SHEET OUT							
gove rise to immediate	gove rise to immediate						
lying couse lost. (c)	couse (a), storing the under-						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO							
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	or Port II of item 18.)				
Hour o.m. Whil	f.	ACE OF INJURY (Home, farm, 20 ctory, street, office bldg., etc.)	f. (City or town)	(County) (State)			
21. I certify that (I) (this harpital) attended the deceased from Oct. 1. 1961, ta 400.22 1961, that (I) (we) last saw the deceased alive an Nov. 22 1961, and that death accurred al. 28 M, from the causes and an the date stated above.							
220. SIGNATURE  Quality  M.D. ATTENDING  PHYS. DIRECTOR   PHYS.   1/22/6/SIGNED							
22c. PHYSICIAN'S NAME (Type)  A ALIC TIAL DEPARTMENT OF THE DEPT.							
A HUSTIN FEHRAL Y REMINES, M.							
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) NOV 25-1961	1 HAUGHS	F	REDERICK	Co MD			
For the there !	Muon Bridge	MA DATE NOV 2	7 '61 ZSb. REGISTRAR'S S				

MINNESS THE REAL PROPERTY OF THE PARTY OF TH PERSI. DESCRIPTION OF THE RESERVE OF THE RE Children and the special states and the same of th No. of the same